

Impact Report

Hurricane Ike

SPECIAL NEEDS POPULATIONS IMPACT ASSESSMENT SOURCE DOCUMENT

*Emergency Support Function #14
Long Term Community Recovery*

Prepared by the U.S. Department of Homeland Security
Office for Civil Rights and Civil Liberties

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About This Impact Assessment

The following Impact Assessment examines the long term community recovery needs facing special needs populations affected by Hurricane Ike. It was prepared by the U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties, utilizing the insights of state, local, and nongovernmental organizations representing special needs populations in East Texas. The Impact Assessment was submitted to FEMA's Long Term Community Recovery Branch (Emergency Support Function 14) in October 2008.

This Impact Assessment served as the source document for considerations related to special needs populations contained within "Hurricane Ike Impact Report," issued in December 2008. The document may be accessed at <http://www.disabilitypreparedness.gov>.

For questions related to this Impact Assessment, contact Brian Parsons at brian.parsons@dhs.gov.

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ESF #14– LONG TERM COMMUNITY RECOVERY ASSESSMENT

SPECIAL NEEDS POPULATIONS

I. EXECUTIVE SUMMARY

Hurricane Ike delivered a heavy blow to multiple jurisdictions in East Texas where recovery from Hurricane Rita of 2005 was just taking hold. The damage to homes, personal property, the environment, and local businesses, coupled with the overall national economic downturn, have set the impacted communities on a challenging road to recovery.

Disasters have a compounded effect on individuals with special needs. They may be elderly, children, individuals with disabilities, with medical needs, or from diverse cultures – particularly those who are also economically disadvantaged. In every community impacted by Hurricane Ike, there are a significant number of individuals who will need focused attention and assistance to successfully recover from the disaster. Individuals with special needs are often less involved in the long term recovery process due to the additional time that is required to deal with the compounded difficulties resulting from the immediate personal and family impact of the disaster itself. However, because these individuals are part of the fabric of the community, their perspectives are an integral part of decisions about how to reconstitute the community.

Engaging the perspectives of special needs populations during the recovery process can help the community to become more supportive, inclusive, accessible, and resilient for everyone. Effective recovery creates opportunities for families to support their elderly members, provide advancement for children with special needs, foster independence of adults with disabilities, and celebrate the richness of cultural heritage. Experience shows that if people are to remain and invest in their community, the community needs to build its capacity to support its special needs populations.

This assessment has identified distinct areas in which communities impacted by Hurricane Ike will need to build capacity to ensure that special needs populations are fully included within long term recovery. These areas of community capacity include: advocacy and case management, housing, financial security/employment, health and wellness, transportation, individual supports, child and family supports, education, and community access.

The goal of this assessment is to support the State of Texas and its localities in their efforts to ensure that special needs populations remain visible and engaged during long term community

recovery. It is premised on the reality that difficult decisions regarding meeting immediate needs must be made while keeping one eye on meeting long term objectives. The assessment has aimed to: 1) present the characteristics of special needs populations in the impacted area, 2) broadly document the impacts of the disaster on these populations, 3) provide actionable considerations for addressing the needs of these populations during community recovery, and 4) lay out strategies for directly engaging these populations to ensure their perspectives are part of the recovery process. Based on the impacts of Hurricane Ike, this assessment identified the following priorities for ensuring that special needs populations are fully incorporated into long term community recovery:

- The need for strategies to connect special needs organizations with long-term community recovery planning and decision making processes.
- The need for strategies to identify, assist, and advocate for individuals who were living in the community with supports and were displaced into congregate settings with no clear mechanism to return to their community.
- The need for strategies to rebuild residential and municipal structures in a manner that meets hazard mitigation standards while achieving affordability and accessibility objectives.
- The need for strategies to encourage the return and start-up of small businesses that are key human service supports (i.e. home health care, day and elder care, personal assistance, sign language interpreters, etc.).

The U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties, working with its ESF 14 partners, coordinated the development of this assessment and stands ready to provide technical assistance on the above priorities as requested by Texas governmental and nongovernmental agencies. Upon request, DHS/CRCL can provide assistance to include: research, policy analysis, outreach, facilitation, coordination, and guidance related to special needs populations. In addition, DHS/CRCL will work with its state and federal partners to utilize the feedback gained during this process to refine the assessment approach for future disaster recovery efforts.

II. DEFINITION OF SPECIAL NEEDS POPULATIONS

This assessment utilizes the definition of "special needs populations" contained in the National Response Framework (NRF). The NRF defines special needs populations as:

Populations whose members may have additional needs before, during, and after an incident in functional areas, including but not limited to: maintaining independence, communication, transportation, supervision, and medical care. Individuals in need of

additional response assistance may include those who have disabilities; who live in institutionalized settings; who are elderly; who are children; who are from diverse cultures; who have limited English proficiency or are non-English speaking; or who are transportation disadvantaged.

While this definition identifies the types of function-based assistance individuals may need during the response phase, many individuals may also require additional assistance during recovery, above and beyond that historically provided by Long-Term Recovery Committees and other entities that help individuals with personal and family needs. Because individuals with special needs rely on an array of customized and generic supports as part of community life, the damage to physical and human services infrastructure may be devastating. Attainment of pre-disaster functioning may require long term assistance in maintaining independence, communication, transportation, supervision, and medical care. It may involve coordination across multiple governmental and nongovernmental service providers.

III. PROFILE OF SPECIAL NEEDS POPULATIONS WITHIN THE HURRICANE IKE IMPACT AREA

Developing recovery plans that consider all populations who will reside in a specific community addresses core elements of inclusive community life. Comprehensive long term recovery planning considerations should be informed by demographic analysis of the impacted area. Knowing the demographic profile of the community and understanding the types of community support necessary for specific special needs populations is a critical component to reestablishing a community.

It is important to look at the overall demographics of the area and watch for social patterns. For example, areas that have high poverty rates may also have significant numbers of individuals over 65 years of age and a culturally diverse or non-English speaking population. Naturally occurring retirement communities, group homes, or nursing homes identified through a census and then mapped using geographic information systems (GIS) is a convenient mechanism to help planners identify community populations and improve community design with those populations in mind. Disability populations, a significant anticipated increase of the nation's elderly population, and the high number of individuals with limited English proficiency will require support beyond existing emergency recovery capability levels.

The information contained in this section was drawn from the Special Needs Data Points Charts in Appendix B. It is recommended that these charts and other demographic studies be used throughout the development of long term recovery plans.

Special Needs Data Points by Declared Counties

Population with disabilities – According to the U.S. Census 2000, Texas has a lower than national average rate of disability (15 percent) compared to the general U.S. population of 17 percent. However, some of the highest impacted areas exceed the state average: For example, The City of Galveston (19.4 percent); City of Port Arthur (20 percent); City of Beaumont (20 percent); Orange County (20.7 percent); and Tyler County (23.7 percent) all exceed Texas and U.S. levels. It is important to identify what types of support will be needed to allow these individuals to remain in their homes and communities.

Population over 65 years of age – Although Texas has an overall lower census than the national average for populations over 65 (9.9 versus 12.4 percent), many of the disaster declared counties have significantly higher elderly populations. Of the counties that received the highest impact from Hurricane Ike, the older adult represents 18 percent of Tyler's and 13.9 percent of Orange's residents. Older residents make up almost 25 percent of Sabine County's population. Older adults have a higher than average representation in the three highest impacted cities: Beaumont (13.4 percent), Galveston (13.7 percent), and Port Arthur (15.5 percent).

While many individuals over 65 are in excellent physical and mental condition, many others will likely need additional support to recovery from a disaster event due to poorer health and dependence on medical and/or personal assistance. In addition, the size of the older population (65+) is projected to double over the next 30 years, growing to 70 million by 2030. At that point in time, one in five people will be in this category. The 85+ population is projected to increase from 4.2 million in 2000 to 6.1 million in 2010 (a 40 percent increase) and then to 7.3 million in 2020 (a 44 percent increase for that decade). It is currently the fastest growing segment of the older population (U.S. Department of Health and Human Services, 2005). Notably, the percentage of the population with disabilities increase sharply with age (U.S Census, 2003).

Population under 18 years of age – Texas has a higher child population rate (27.6 percent) than the country in general (24.6 percent). Throughout the state that rate remains fairly consistent. In Port Arthur, 8,640 individuals or 28.7 percent are under the age of 18. Issues related to children and adolescents impacted by Hurricane Ike include re-establishment of schools (including special education programs), identifying services that provide life safety and critical emotional support to traumatized children (i.e., safe homes, houses for runaways, identification and placement of unaccompanied minors, and children in the foster care system).

Populations that speak a language other than English at home – Texas far exceeds the national average population representation of individuals who speak a language other than English at home (31.2 percent in Texas while 17.9 percent is the overall U.S. rate). However, other than Harris County, which is at 36.2 percent, many of the declared counties are below the Texas average.

Places of National Origin – This data refers to the “most common places of birth for foreign-born residents.” Mexico is the location of birth for more than 50% of the foreign born residents in 25 of the 29 declared counties. Individuals born in Vietnam represent significant numbers in Brazoria, Jefferson, Jasper, Orange, Harris, and Matagorda Counties.

Below poverty line – Texas has a higher than national average of individuals living below poverty levels (16.2 percent vs. 12.7 percent). The Cities of Galveston and Port Arthur, with 22.3 and 25.2 percent of their populations living below the poverty line prior to Hurricane Ike, is a strong indicator for a lack of local resources necessary to re-establish social service, public health care, and the likelihood of substandard housing. A high percentage in this category may alert the community planner to an increase in homelessness.

Individuals living in institutionalized settings – Within the declared counties, more than 32,000 individuals reside in nursing homes, group homes for individuals with cognitive and psychiatric disabilities, psychiatric hospitals, hospitals or homes for individuals with physical disabilities, halfway houses, and safe homes (a respite for battered wives or children). Each facility requires specific levels of skilled staff and building structure to provide safe and appropriate care for their residents. Nursing homes have the highest residency levels, with Harris County having almost 10,000 residents.

Single head of household – While the overall rate of single family Texas households falls significantly below the national average of 9 percent, Jefferson County’s rate of 7.2 percent represents more than 19,000 households. The ratio of single parent families to poverty levels throughout the impacted area is significant as the national poverty rate for children in single-parent families at 35.2 percent¹ is four times higher than two parent households. In addition to child care programs, single parents are often dependent upon support services (medical, public transportation, food stamps, Medicaid, etc.).

Transportation used to get to work – Seventy-three to 85 percent of residents drive to work in their own car. At only four percent, Harris County has the highest bus/trolley use rate of any declared county. These statistics represent extremely limited use/availability of public transportation and an opportunity to investigate the development of public transit service on high density routes. The destruction of personal vehicles by the storm and the high cost of fuel may now make newly developed public transit service a viable community development option when in the past it was thought to be too expensive.

Homelessness – Individuals who are homeless are difficult to identify and thus often under represented in surveys. The statistics are limited but do provide a starting point from which to count. Harris County has the highest number of individuals who are homeless (12,005) while Beaumont/Port Arthur and the Southeast Counties identify 5,319 individuals. One of the fastest

¹ Rector, R., Johnson, K. and Fagan, P. (2002) *The Effect of Marriage on Child Poverty*. The Heritage Foundation.

growing segments of the homeless population is families with children. Homeless families are most commonly headed by single mothers in their late 20s with approximately two children.² This pre-disaster count may provide a starting point. However, it is reasonable to assume that following Hurricane Ike many individuals may find themselves homeless due to an inability to afford replacement housing or inability to find housing near their place of employment. More individuals are living in their cars when their housing supply disappears. Individuals who live on the streets may need additional services such as mental health or drug treatment in order to ensure their life safety or to transition into permanent housing.

Disaster impacted housing – The housing database chart contained in Appendix B offers insight on the magnitude of the destruction and available existing housing resources. Chambers County housing inventory was decimated when the hurricane hit the coast. More than 33 percent of the owner occupied housing and 55 percent of the rental units were damaged. It is estimated that 11.6 percent of the housing stock was vacant prior to the storm. While that surplus housing inventory will be helpful, it is important to learn if the majority of the individuals who will need housing work near the existing inventory and if that inventory is affordable for those who need it; the Low Median Income level for Chambers County is 37.4 percent. While considering rebuilding, information that can be gleaned may include where housing is most vulnerable (high destruction/damage areas) or where there is substandard housing inventory. These may be areas where insurance is difficult to obtain or extremely expensive. Consideration may then be given to improve the hurricane resistance of existing damaged housing and to building in safer locations.

IV. LONG TERM COMMUNITY RECOVERY CONSIDERATIONS

This section of the assessment documents observations regarding Hurricane Ike's long term impacts on individuals with special needs and their support organizations. It offers points for consideration regarding long term individual needs and community capacity in the following areas:

- A. Advocacy and Case Management
- B. Housing
- C. Financial Security/Employment
- D. Health and Wellness
- E. Transportation
- F. Individual Supports
- G. Child and Family Supports
- H. Education
- I. Community Access

² National Coalition for the Homeless (2008). *Homeless Families with Children*. Accessed October 15, 2008 at <http://www.nationalhomeless.org/publications/facts.html>.

It should be noted that these areas are not independent of one another. For example, regaining financial security for an individual may be contingent upon having in place the housing, transportation, and individual supports that facilitate successful employment in the community. In addition, thoughts about community capacity must extend beyond neighborhood, city, or county boundaries and embody a regional, coast wide approach. Many providers of key services and supports are regionally based even though they are accessed locally. It shall also be noted that the long term recovery process affords an opportunity to consistently strengthen personal, family, and provider preparedness.

A. Advocacy and Case Management

Being part of community life involves not only sharing a common locale with one's neighbors but also sharing ideas to shape the community in ways that influence community decision making. Our democratic form of government encourages individuals to engage in advocacy – the pursuit of influencing outcomes – with regard to the issues that are important to them. For many in the community, engagement in advocacy requires the support of others to act on their behalf or access to training to improve advocacy skills. Similarly, the ability of these individuals to obtain and shape the supports they need for their independence is achieved through effective case management by local providers. Case management can link individuals to an array of supportive services which are intended to meet the needs of a particular community member through effective communication that promotes affordable and accessible resources. Individuals and family members who are elderly, who have disabilities, or who are from diverse cultural groups may need the help of others to effectively pursue involvement in the community's decision making about programs and services that directly impact their lives.

Points for Consideration Related to Long Term Needs

Many individuals impacted by Hurricane Ike will have a need for case management services over the course of several months or even years in order to address their most basic needs and restore their ability to live independently. Case management services that are made available through disaster specific funding have often been time bound in duration and clients have reported that the transition to establish local and NGO based services is often not smooth.

Individuals impacted by hurricane Ike who need assistance with securing services and protecting their rights during community recovery will need access to publicly funded advocacy services, such as those that assist individuals who have disabilities, who are elderly, or who are from a diverse cultural group. Given the finite capacity and scope of publicly funded advocacy services, some individuals may look to legal services contracted or donated by private sector attorneys in order to address their situation.

For those who can self-direct their search for assistance, the Texas 2-1-1 information and referral system, available via phone and web, connects residents to the array of services available locally. This system may be of particular support to individuals who have been

displaced from their homes and usual sources of services. Texas 2-1-1 may also be a resource to individuals and families to address new needs arising from the impact of Hurricane Ike.

Individuals who are served by advocacy and case management services can benefit from the opportunity to strengthen their personal and family preparedness for future disasters. For example, an NGO representative reported that their organization worked with residents and officials in Galveston to strengthen personal preparedness plans prior to this hurricane season. The clients who prepared were better positioned to evacuate and make emergency decisions during Hurricane Ike. However, the lengthy power outage in the region caused significant difficulties for individuals who are dependent on electrical power for life sustaining equipment and motorized wheel chairs. Thus, planning for extended power loss will be a newly highlighted feature of training to clients returning during the recovery. As promoted by the Texas Council for Developmental Disabilities, “Individuals and families should create, review and revise as necessary (at least annually) individual emergency preparedness plans, with support from long-term care and support programs when appropriate.”

Points for Consideration Related to Long Term Capacity

Localities will need access to a larger pool of licensed social workers and case managers to work with individuals to identify their most pressing needs and to assist them in developing a long-term plan for self-sufficiency. Existing providers report that their case load is already beyond what can be handled in non-disaster periods.

Many professional advocates and case managers in the region are also victims of the disaster. Their own families, homes, and working conditions have been significantly impacted at the same time that they are providing assistance to others.

NGO advocacy and case management services that rely to some extent on local government support are significantly impacted by decisions to divert available funding to meet infrastructure, housing, and economic priorities. This leaves the organizations to seek funding from affiliates outside of the region, creating a rippling impact on service availability to many others not directly affected by Hurricane Ike.

NGO representatives reported that improvement is needed in how case management systems document and use aggregated client-based information. There is a need for more consistent use of terminology regarding specific needs and how they are interrelated. Likewise, local government representatives reported that previous experiences during Hurricanes Katrina and Rita point out the need for advocacy and case management providers to quickly agree upon how information is shared and used.

Federal and NGO representatives reported that they typically observe little involvement of advocacy organizations in local long term community recovery committees. Local advocacy

organizations should seek to play an ongoing role in voicing the concerns of individuals with special needs during the recovery process. Involvement in long term community recovery committees affords advocates the opportunity to extend the impact of their work, build their expertise in emergency preparedness and recovery, and pursue funding for their pressing needs. For example, as part of the local committee, advocates can ensure that the concerns of individuals with special needs are represented in funding proposals advanced by the local committee to private sector foundations and national faith based relief organizations. It is important that advocacy groups work together to achieve synergy of their voices in pursuing resources that meet the common needs of multiple populations. Through this kind of collaboration, advocates may find that existing local civic groups have among their members trained social workers or other clinicians that might volunteer their time or take minimal compensation to provide case management and advocacy for disaster victims with special needs.

B. Housing

The housing inventory within any community should have the capacity to offer community members choices – choices such as renting vs. owning, urban vs. suburban, or single-unit vs. multi-unit. To assure that all community members have such choices, certain attributes must be considered to meet the projected needs and stated preferences of existing residents and those moving to the area. Affordability and accessibility are important attributes for meeting the housing needs of many community members, such as the elderly and individuals with disabilities, particularly those who are living on fixed incomes. Many local community-based and faith-based organizations are instrumental in assisting individuals with special needs in obtaining housing, either for supported living in the community or residing in a congregate setting with quality assistive services. Realtors and architects who assist in locating accessible properties and lending institutions that underwrite home modifications also play key roles. For individuals and families of diverse backgrounds, choice of housing options plays into maintaining the cultural integrity of communities.

Points for Consideration Related to Long Term Needs

Local service providers reported that, while the majority of the sheltered populations have been successfully placed in transitional housing, a disproportionate number of residents characterized as elderly, large lower income families, and homeless individuals, many of whom have extensive mental health needs, remain in shelters for a longer period. In several cases, retirement communities evacuated and their residents dispersed to general population shelters. As a consequence, the communities have had difficulty locating their residents to let them know when living conditions are restored to enable their return.

State agency representatives reported that many elderly individuals within evacuation areas did not leave their homes. Some individuals are living in unhealthy, mold damaged dwellings, in tents in the yards, or in vehicles. Nongovernmental and governmental agencies are joining together to locate these individuals and assist in the cleaning and restoration of their homes.

Many Vietnamese chose to stay in their homes and places of worship in lieu of evacuating. Located within the most severely impacted area, these waterfront structures suffered serious damage. Members of this community are generally committed to staying put within their own neighborhoods, living close to or within the damaged structures while struggling to make repairs with very little means. Federal and NGO representatives reported that outreach efforts need to be expanded to work with and through the community leaders within the affected Vietnamese population.

In many of the highest impacted communities, large numbers of individuals are unemployed or elderly, and therefore lack the resources to meet critical housing needs on their own. During the transition from short to long term recovery, governmental and nongovernmental resources should be prioritized to meet critical needs such as rental assistance, debris removal, or emergency repairs to structures, plumbing or electrical systems. Funding will also be needed to purchase appliances including refrigerators and space heaters, and to provide bedding, furniture, food, clothing, or prescription medication.

NGO representatives observed that the evacuation of individuals with disabilities proceeded more effectively than in Hurricane Rita. They noted the roles played by the local governments, the service providers, along with the outreach provided by the FEMA Disability Coordinator, in getting individuals to safe shelter. Long term planning needs to consider that many displaced individuals with disabilities no longer have accessible housing to which they can return. In addition, many individuals with disabilities have been displaced to non-accessible homes of family or friends or to other non-accessible temporary living situations.

NGO advocacy and service organizations reported that a number of elderly individuals and individuals with disabilities, who originally lived in community residences with supports, have been displaced into congregate living settings such as nursing homes. Experience following Katrina and Rita showed that individuals who were displaced in this manner were unable to return to their community living situations because they lacked the mobility or capacity to find new housing situations on their own. Following Katrina, foundation grant funding was obtained by advocacy organizations, enabling them to send personnel on visits to congregate living settings to locate displaced individuals and connect them with FEMA registration, and link them to case managers to obtain the supports needed to return to their communities. Similar strategies will be needed to identify, assist, and advocate on behalf of individuals displaced into congregate settings as a result of Hurricane Ike so that they can return to their communities.

Points for Consideration Related to Long Term Capacity

The goal of the Texas Joint State-Federal Housing Plan is: all eligible impacted residents will be in acceptable interim housing and have a long term housing plan by the end of the year.

The U.S. Department of Housing and Urban Development is appealing to landlords in Texas and Louisiana to list their vacant properties on HUD's National Housing Locator System (NHLS). Working with federal and private housing databases, HUD uses this web-based system to provide displaced families with referrals to longer term housing. All landlords listing their vacant properties on the National Housing Locator must comply with the Fair Housing Act which prohibits housing discrimination based on race, color, national origin, religion, sex, familial status or disability. It is also unlawful to refuse to make reasonable accommodations in rules, policies, practices, or services, when such accommodation may be necessary to afford a person with disabilities equal opportunity to use and enjoy a dwelling.

On Sept. 24, 2008, FEMA and HUD announced the Disaster Housing Assistance Program-IKE (DHAP-IKE) to assist families and individuals displaced by Hurricane Ike. HUD manages and FEMA funds the program. It will use public housing agencies' existing capabilities to work with landlords, process payments, provide case-management and offer referrals to social services to help individuals and families displaced by Hurricane Ike rebuild their lives and achieve self-sufficiency.

Impacted individuals who received HUD Section 8 housing rental assistance prior to Hurricane Ike can use their voucher in their new location by contacting the nearest local PHA to where they are currently residing and requesting portability of their voucher. Individuals in need of an accessible unit, ramp, or simple modification can expand the Section 8 housing options available to them by exploring opportunities for barrier removal offered by local housing agencies.

State representatives indicated that a comprehensive tracking/counting system of individual accessible housing needs is currently not available to inform the public housing authorities (PHAs) and federal funders. Likewise, a mechanism should be developed to pre-identify the location of accessible temporary and permanent housing stock to support recovery from any future disaster.

State partners observed that Hurricane Ike heavily impacted worker rental housing in areas where it may not be feasible to rebuild 1940's housing stock. Many workers within maritime fisheries, living in large multi-family units, have been displaced. They are typically from culturally diverse populations having little financial means and having communication barriers associated with seeking recovery assistance. Beaumont, Orange, and Jefferson Counties were cited as having incurred damage to high concentrations of very poor quality housing stock, where individuals with few financial resources and no insurance will face significant barriers to recovery.

Federal partners observed that elderly and disability populations will be facing difficult housing choices in areas where housing needs to be elevated for flood mitigation. There is a need for a strategy to reconcile minimum flood elevation requirements with housing accessibility requirements in locations such as Galveston.

NGO representatives pointed out that during the recovery process, there will be opportunities to work with community planners and building groups to actually increase the supply of accessible and affordable housing for the future. Essentially, with waiting lists well documented, there is latent demand for additional supply that meets these characteristics. There is a need to recruit construction contractors with this expertise who can quickly begin work in the impacted areas. As buildings and neighborhoods are repaired and/or rebuilt, there is an opportunity to “kick-off” the planning sessions by involving someone who can educate all involved as to the importance of accessible/inclusive communities.

Recovery authorities should establish relationships and protocols with faith-based organizations that will be providing housing assistance so as to prioritize the effective use of their volunteer resources and prevent duplication of effort. Their efforts can be integrated into public long-term recovery programs by conducting joint work write-ups and directing volunteer efforts into emergency rehabilitation that can be preserved as part of comprehensive home rehabilitation.

Newly constructed, accessible, and affordable housing should, whenever possible, be located near public transportation routes to accommodate individuals in need of Para transit services or those who do not own or cannot drive a personal vehicle. These considerations will also strengthen evacuation planning for special needs populations. Quality, affordable, accessible housing built to mitigate future hazards promotes social cohesion and improves the odds for long term sustainability.

C. Financial Security/Employment

A robust and resilient economy includes high employment rates for community members and a resulting satisfaction with income and lifestyle. It is recognized that the financial concerns of businesses and of individuals within the community are interdependent, with the overall economic environment promoting economic benefits for all. This understanding needs to include the notion that there is a wide and varied array of employment that exists within the community, from white collar business workers to individuals who require vocational supports in order to sustain productive employment. The larger goal of financial security includes retired seniors and those who are unable to be gainfully employed due to disability or other life circumstance and therefore must rely on the community’s supports to remain independent. There needs to be a close alignment between a community’s investments in business and its promotion of job training/education, including the important realization that many small, non-profit businesses support community members with special needs such as the elderly, the medically frail, and individuals who have a limited ability to speak English. Leaders from the

non-profit sector need to be a part of any plan for economic and financial recovery, thereby providing the specialized knowledge they possess. Additionally, the development of neighborhood-focused plans will promote the involvement of culturally diverse groups in job creation efforts and related business opportunities. Consideration of cultural diversity in economic recovery will benefit individuals, strengthen grassroots community connections, and result in improved community resiliency.

Points for Consideration Related to Long Term Needs

The financial stress of coping with the aftermath of Hurricane Ike, coupled with the national economic downturn, may create significant financial hardships for many impacted individuals with special needs and their families. They may struggle with paying for roof, window and structural repairs to their homes. They must daily make difficult decisions, such as whether to remediate mold from their homes or pay for life saving medicine, while hoping their paycheck will return after their employer rebuilds following the storm.

Individuals who need homes repaired for accessibility or newly modified for accessibility may face very daunting financial challenges. A community-based center for independent living reported that, prior to Hurricane Ike, they were still receiving at least several calls per week from individuals with special needs seeking assistance after Hurricanes Katrina and Rita of 2005. That previous Katrina/Rita experience was illuminating. After the first tier of calls for general guidance and assistance dropped off, they continued to receive calls over many months from individuals with significant disabilities having health and living structure needs. More than ½ of the calls were from individuals who were either Medicaid eligible or indigent. Another large group of individuals were not Medicaid eligible due to having more savings or a job. These individuals encountered extraordinary expenses to replace accessibility features and other living arrangements.

Points for Consideration Related to Long Term Capacity

Temporary assistance, coupled with private homeowners' insurance, flood insurance, and direct public assistance is often all that is needed to help middle and upper income families reestablish their lives. However, for lower income individuals with special needs and their families, many of whom lack insurance and live in unaffordable or substandard housing before a disaster, they struggle to find a clear path to re-establishing home ownership during the recovery. Thus it is very possible for these individuals and families to remain in temporary housing for an extended period.

Strategies are needed to make forms of short term assistance count as equity toward more permanent housing and financial security. Community representatives recommended that FEMA funding be allowed for use towards obtaining personally owned permanent housing.

A state agency representative pointed out that reinsurance is a huge driver of cost, and it costs more to insure a home after catastrophic loss. Avoiding catastrophic loss is key even beyond the post-disaster boost in insurance premiums. For example, the California Seismic Safety Commission notes that while seismically retrofitting a house can be costly, making repairs following a significant earthquake can total more than the home's equity. This speaks to the importance of relocating housing away from hazard prone areas to begin with and employing mitigation techniques during reconstruction.

Communities that have successfully recovered from disasters incorporate long term economic development considerations into the more immediate recovery planning and activities. These communities have sought to create a diverse, resilient economy and provide the education necessary to attract more and better jobs. It will be important to promote economic growth that benefits everyone, including individuals with special needs. In considering special needs populations during economic recovery, it will be important to make plans and job openings accessible to individuals with physical, sensory, intellectual, and psychiatric challenges as well as utilizing organizations that have great reach into these communities. State and local vocational rehabilitation agencies and community based organizations can serve as a resource in locating qualified candidates with disabilities, as these individuals seek to become enthusiastic partners in re-establishing business functions.

D. Health and Wellness

The availability of affordable and accessible community resources to support the health and wellness of all community members is of vital consideration during the long term community recovery process. The concepts of health and wellness should not be equated with the absence of an illness or a disability; rather, these are broad quality-of-life concepts that impact the vitality of a community. The presence of patient-centered primary and preventive health care, including mental health care, for all community members results in improved overall public health for the entire community. Individuals with disabilities, the elderly, children with medical needs, and individuals living in poverty may be especially at risk of illness unless a community embraces a commitment to affordable, accessible health care resources. The promotion of good health for all strengthens the likelihood of community participation. A healthy community is a more resilient community.

Points for Consideration Related to Long Term Needs

As part of their work during the response phase, the FEMA/HHS based special needs assessment teams noted health related issues that will need to be addressed during the recovery process, particularly within the underserved communities. They note the emergence of issues related to untreated chronic diseases for which individuals are unable to obtain the medication or access to their primary healthcare providers in the communities from which they evacuated. Conditions such as diabetes that are untreated for several months exacerbate patient health and

lead to further complications. In addition, the increased stress related to coping with the disaster takes a toll on an individual's health, with or without previous medical needs.

NGO representatives observed that hospitals and other emergency medical service providers in the region are experiencing an upswing in patient services, including a greater number of individuals seeking care in area emergency rooms.

Access to medical care is impacted by the increased unemployment and the loss of insurance benefits or insufficient resources to pay both the overwhelming hurricane-related losses and medical costs. Many small businesses remain closed and their employees remain without jobs. Many of the uninsured and underinsured patients are from culturally diverse backgrounds. As reflected in recent nationwide research, the CDC found: "People without Health Insurance Coverage, by Race and Ethnicity ~ 30.4% of Hispanics, 17% of blacks, and 9.9% of whites do not have health insurance."

The need for mental health and substance abuse services following a major disaster is common and widely acknowledged. This includes increased need for treatment related to depression and Post-traumatic Stress Disorder, including in children. This was the experience of communities impacted during 2005 by Hurricanes Katrina and Rita. Research shows the need for mental health service increases approximately six months following catastrophic disasters. Thus it is likely that communities impacted by Hurricane Ike will see an ongoing and significant increase in the need for mental health services during recovery.

Points for Consideration Related to Long Term Capacity

Some of Southeast Texas' medically indigent who normally obtain medical care from Galveston's University of Texas Medical Branch are being directed to other medical facilities while costly repairs are made to the island hospital.

Communities will need to develop and implement strategies to retain Healthcare Providers. Until a long-term solution to the lack of a safety net and financing shortage is implemented, it may be possible to foster sustainability of providers currently serving the most severely impacted areas by providing temporary funding and labor-cost adjustments to those who commit to continue caring for the burgeoning volume of patients that are unable to pay and lack alternative options. Likewise, it may be important to expand the supply of health care professionals. Strategies may include providing immediate recruitment and retention incentives that make it worthwhile for nurses and physicians to serve in the most affected areas, and creating new training opportunities to expand the home-grown supply of providers.

In supporting access to health care for special needs populations, the HHS and its state partners are working with local health and human service agencies to reconnect people with benefits

programs - Cash, social security, medical, Medicare, Medicaid, veteran's benefits, death benefits, prescription, crisis counseling, and child care assistance.

Prior disaster recovery experience shows that specialty services in health care, particularly important for individuals with special needs living in the community, take longer to re-establish. Home health care providers, physical therapists, and other allied health professionals have significant difficulty following the disaster. They are coping with the impacts on their own lives, while at the same time they can face difficulty in accessing the remaining primary care providers and the hospitals may not have their schedules back up. Thus it may be advisable to promote strategies for business continuity and business recovery support for the smaller local agencies that provide home based care services. Strategies may include linking these enterprises with the SBA statistics and programs to make sure there's priority given to supporting those small providers who will be critical in returning individuals with special needs displaced by the disaster.

Given the communication challenges facing many individuals with special needs, specific messaging and delivery methods regarding health care restoration and public health issues will be important during recovery. In addition, this affords an opportunity to include information regarding pre-disaster health issues facing the community as well as messaging regarding ways to strengthen personal and family health preparedness for the future.

E. Transportation

Transportation is a vital link for active participation in community life. It therefore must be considered through the lens of overall community development. A community's public transportation system is a crucial resource that directly impacts activities across areas of employment, education, recreation, social services, health care, and general civic participation. The existence of affordable, reliable public transportation may be a make-or-break factor in the choice-making process for individuals who are deciding whether or not to live in a given community, particularly for individuals who do not own a personal vehicle or who have a disability that prevents them from driving. Providers of both public and private means of accessible transportation need to replace or build upon existing resources, coordinate with one another to determine adequate response to existing community needs, and be directly involved in community planning processes.

Points for Consideration Related to Long Term Needs

A researcher with Texas A & M, studying the displacement of people during disasters, observed that individuals with special needs are more reliant on the infrastructure – housing and transportation - in order to live independently in the community. Yet they are often displaced to the outskirts of a town. They are more likely to be displaced far away from a transportation route, farther away from the city center. So attention to where housing is created, where people can live most independently post disaster, is particularly critical.

Local NGO representatives reported that some individuals with special needs impacted by Hurricane Ike were displaced to areas such as Dallas and have exhausted their financial resources. This situation leaves them without the means to obtain transportation to return to their communities.

Individuals who were living independently prior to the storm and were displaced from their community must get support networks re-established in their new location, including registering for accessible transport. For example, individuals who are elderly, who are blind, or who use wheel chairs are faced with learning and practicing use of the new transit system. Given that it typically takes 30 days to register for transit system service, their ability to become mobile within their new location can be greatly delayed.

State rehabilitation representatives reported that some of the severely impacted areas had no public transportation prior to the storm. Many individuals with disabilities had their own accessible vehicles which were lost in the storm. They need transportation into Houston for their employment while the rehabilitation agency is assisting them to get their vehicles modified. Consideration will need to be given to working with Harris County's accessible transportation to link individuals in from Galveston Island and surrounding counties.

Points for Consideration Related to Long Term Capacity

During the recovery, the provision of transportation will be taken up in the context of the new geography. For example, consideration will be given to certain routes and known familiar routes of public transportation. Following the storm, do these same routes make sense? During recovery, there is an opportunity to rethink new transportation routes and mechanisms that get people from new or repaired housing to important community features such as hospitals, grocery stores, shopping malls, etc. In so doing, they can return or remain in the community and go about their daily lives. In addition, as individuals seek to return to daily life, they may benefit from opportunities to receive travel training to build their familiarity with the transportation system.

State and NGO representatives reported that based on experiences during Katrina and Rita, replacing accessible buses can be challenging during the recovery. The funding mechanisms accessed for replacing damaged or destroyed vehicles have not, in the past, enabled expeditious replacement of accessible buses or retrofitting of existing buses.

SAFETEA-LU is the large surface transportation authorization legislation that authorizes U.S. surface transportation programs and funding. Federal colleagues pointed out that one of the issues that comes up after a disaster is the lack of flexibility and discretionary funding for transportation. Only the Federal Highway Administration and Federal Aviation Administration have discretionary emergency relief funding, and at least for highways, those funds are only to

be used for replacement in-kind, not betterments. As a general rule, most of the transportation funding has to be programmed and prioritized in accordance with the existing requirements of federal law. It should be noted, however, that the New Freedom Program (Section 5317) of the law, combined with the resources available under Sections 5310 and 5311, can be of increasing assistance to funding transportation provided to individuals with special needs by rural and nongovernmental providers. The law does require, as part of funding, coordination among existing human service transportation providers in the community, which will be of particular importance in meeting transportation needs during long term recovery.

Recovery planners should encourage collaboration among businesses, diverse community groups, and transportation providers to improve or identify new public transit services for the community. This coordination needs to extend to the development of community emergency evacuation plans. The result will be a quality community-wide transportation system that will also serve to improve future responses to emergencies affecting the community.

F. Individual Supports

Communities are comprised of people from varied backgrounds with varied needs. Many individuals within the community, although appearing to be fully integrated and completely independent, cannot sustain this integration and independence without the aid of both generic and individualized supports. The occurrence of a disaster often causes the loss of such supports, requiring focused action to recover and maintain these supports in a timely manner. These individuals are independent as long as they have the support they receive; if this support is lost due to a disaster, the individuals who rely on them will likely find themselves experiencing life difficulties that will jeopardize their independence and their ability to remain active within their community. By demonstrating a real “sense of community” during the long term recovery process, actions will be taken to assure that individual supports are available that will result in all community members being fully integrated, active, and valued as contributors.

Points for Consideration Related to Long Term Needs

Long term recovery will involve re-establishing the array of public, private, and nonprofit providers who deliver the supports needed by individuals with special needs to retain or regain independence in the community. Examples are as follows: There will be elderly individuals who rely on home delivered meals or who need a regular visit from a personal assistant to help them do housekeeping or pick up medicine from the pharmacy. There will be children, adults, and elderly individuals who will need local DME venders to sell key replacement parts for their wheel chairs. There will be deaf individuals who rely on a pool of locally based sign language interpreters for communicating at their job and during civic functions. There will be blind individuals who rely on providers of assistive technology to read the computer and the local newspaper. There will be individuals with intellectual disabilities who need a person to stop by their apartment once a week to assist them with developing a grocery list, paying bills, and

balancing their checkbooks. And there will be individuals with psychiatric disabilities who rely on their local counseling group sessions to support their independence in the community.

Based on experiences during Hurricane Rita in the same geographic area, communities can assume there will be significantly increased demand for home delivered meals to support the many low income elderly individuals who remained in or returned to their homes. With this surge in demand comes the increased need for coordinators to manage the service and volunteer drivers to deliver the meals.

The recovery will be challenging in terms of attracting and retaining personal care attendants that provide critical assistance with activities of daily life to many individuals who are elderly or have disabilities and live in the community. Attendants are typically compensated at relatively low wages, making it difficult for them to obtain affordable housing and transportation in proximity to their clients.

Sign language interpreters for the deaf may be self-employed or part of small contract businesses that are themselves displaced during the disaster. Thus, locating and attracting back qualified sign language interpreters will be a critical part of enabling the deaf members of the community to succeed during the recovery.

In the months following Rita, area centers for independent living found that a significant number of individuals needed first time services and training, as their family members who once supported them had moved away permanently following the disaster.

Points for Consideration Related to Long Term Capacity

Independent living centers in East Texas reported physical damage to their facilities. During the recovery, they anticipate the significantly increased need for their services including information and referral, peer counseling, and independence skills training.

Human service programs and services that are restored will need to comply with the provisions of Title II of the Americans with Disabilities Act. In so doing, providers will ensure that their services are using effective forms of communication, are accessible (physically, electronically, etc.), and are able to make reasonable modifications to their policies and processes.

Rehabilitation agencies and other human service providers should be encouraged to identify strategies whereby the services can support disaster related needs while meeting the programmatic requirements that apply regardless of a disaster. For example, vocational rehabilitation services are tightly tied to obtaining employment. However, following a disaster there may be a more immediate need to first establish the individual's ability to live independently prior to seeking employment.

During recovery, there will be a need for strategies to encourage the return of and start up of small businesses that are key human service supports (i.e. home health care, day and elder care, personal assistance, sign language interpreters, etc.). Governmental grants and loans, nongovernmental organization donations, and business sector discounted loans should all be explored as mechanisms for starting and growing small businesses that provide vital human services.

G. Child and Family Supports

A strong community has supports in place that foster the growth and education of its children. These supports typically include a public education system, a child care council and network of certified child care providers, before- and after-school programs, and other publicly funded services such as Women, Infants, and Children (WIC), Temporary Assistance for Needy Families (TANF), and State Children's Health Insurance Program (SCHIP) for families who qualify.

Points for Consideration Related to Long Term Needs

Local representatives from Bridge City reported that all but fourteen homes in that community (population 8700) sustained ruinous water damage. Many families continue to live in tents in front of their homes, with all of their personal belongings piled in the yard awaiting removal. They reported that only one truck of supplies has come here since Ike made landfall.

Many families within the severely impacted communities not only incurred losses in the form of damaged homes, but also lost basic household goods. Community representatives reported that the slumping economy and stresses on the relief organizations, combined with less attention from the national media, have yielded fewer donations than in past disasters. During the recovery, there will likely remain long term needs for household donations from private sector and faith based organizations.

NGO representatives reported that many families have taken into their homes elders or other family members with disabilities who were living independently in the community prior to the storm. The new needs for providing support to these displaced members will create long term stress on already strained family resources. In many cases, modifications to the home environment will also be needed to provide basic accessibility for the displaced family members.

Hurricane Ike will have significant impacts on the care of displaced foster children and youth whose custody was already complicated prior to the storm. An example cited by a faith based service provider involved a group of undocumented young people (between the ages of 13 and 17) from South America and Mexico who were living in the community, but not with their own families. Their caregivers had no legal authority. The youth took on the status of "Unaccompanied Minors" during the disaster. They were ultimately evacuated to a faith based youth camp without caregivers. Their long term residence status is uncertain.

Points for Consideration Related to Long Term Capacity

Child care is a critical service in any community. The timely repair and recovery of the child care infrastructure is critical to the economic recovery of a community from a major disaster event. Viewing child care as a critical service, flexible financing, public/private partnerships and data management will facilitate the restoration of child care after a disaster and speed the community's economic recovery.

Most members of the community who are parents or guardians of children count upon the reinstatement of supports in order to return to their pre-disaster life routines. After school supports and services need to be restored as soon as possible. With regard to children who have special needs, efforts must focus on assuring that providers of specialized care are available so that parents can return to work or otherwise devote their energies to recovery.

The Texas Department of State Health Services' Children with Special Health Care Needs Services Program has established procedures for families impacted by Hurricane Ike. The program benefits may be accessed by families wherever they have been displaced to within Texas.

Foster care and child protective services will play key roles throughout the recovery process to assure that the children in these systems continue to be adequately cared for, supported, and supervised.

Other supports such as adult day treatment programs for those caring for elderly family members with dementia and/or Alzheimer's will also be crucial so that families can return to the routine of their lives and move towards full recovery.

A community that protects and supports children and families in need can be achieved if all relevant providers and related funding agencies are meaningfully engaged throughout the long term recovery process. Consideration should be given to inviting local child care council representatives to become members of the long term community recovery committee. A pediatric medicine professional can provide the recovery committee advice on issues faced by children with special medical needs. Involvement can also be sought from cultural community leaders to determine the greatest need for families and children within their population.

H. Education

The provision of quality educational services to the students within a community is of the utmost importance. Education is a foundation upon which a community teaches and shapes its youngest members to contribute innovation and creativity to the social and civic arenas. This is important to all young people, but it is especially important to students with special needs. The community must include educational opportunities tailored to meet the needs of children who

have intellectual disabilities, who are diagnosed with autism, and who have other disabilities requiring specialized supports in the classroom. Early education programs such as Head Start, early intervention, and the K-12 special education program need to be a valued part of the community school system.

Points for Consideration Related to Long Term Needs

State education representatives pointed out that nearly one-quarter of the population in Galveston lives in poverty. More than 60 percent of Galveston's children receive free or reduced lunches in Galveston's schools, which remained closed as of this assessment. This points out one aspect of the pivotal role that schools will play for many low income families during the long term recovery.

The physical damage to schools and the displacement of families can lead to loss of key records, including a child's individualized education program (IEP) documents associated with special education services. The IEP is developed through a school and family consultation process, contains carefully crafted learning objectives for an individual student, and can serve as authorization for supportive services that are critical for the student over several years. For students in need of an IEP, it is vital that these plans be re-established as soon as possible and without a loss in services following a disaster. This also presents an opportunity to set new IEP goals that include strengthening the emergency preparedness plans of the special education student and their family for the future.

Points for Consideration Related to Long Term Capacity

NGO representatives observed that based upon the Rita experience, there will be a number of families who will seek to return to their communities but will have significant concerns about the status of special education services in the restored schools. These families will be concerned that the special Education services may lag behind the general educational programs in being restored to full capacity. They will also be concerned about the availability of local paraprofessionals needed to provide the in-class supports to many of the special education students.

During the recovery, there will be a need to provide school-based mental health programs for those students who were particularly impacted by the disaster. Although schools have developed increased capacity as "early responders" to support communities in the aftermath of disasters or crises, they have much less experience in how to support the longer term mental health issues of students and staff members. Guidance and training for schools is now available through national education and mental health associations, building off of the lessons learned during Hurricanes Katrina and Rita.

Communities that strive for a quality inclusive education system will be able to attract the best teachers to the classroom, providing an added benefit to the local economy. Student learning

will be maximized, parents will have the opportunity to become an integral part of their children's school career, and community life will be enhanced by the network that results.

I. Community Access

Communities that advance livability are the desired outcome of long term recovery. Such communities rebuild the infrastructure in a manner that restores the confidence of its residents and enhances the quality of life for all members of the community. Considerations regarding improved accessibility and protection from future disasters will also be a part of this restoration. The co-location of public facilities can result in greatly improved access for all members of the community by minimizing distance traveled and time spent away from work or home. Additionally, such co-location will improve access by seniors and individuals with disabilities or other impairments that limit the ease of mobility. A community that embraces accessibility provides the opportunity for inclusive participation of all of its members with regard to health, education, recreation, socialization, and civic activities. Such full participation fosters the development of a community that reflects the desires and meets the needs of its members. Such a community provides long term livability for the next generation.

Points for Consideration Related to Long Term Recovery

During the recovery, communities will seek to create infrastructure that supports recovery by restoring confidence, enhancing quality of life, and withstanding future disasters. Thus, during reconstruction, consideration should be given to co-locating governmental facilities and integrating schools and medical facilities into neighborhoods. Schools, clinics, and other community and social-services facilities should be built (or rebuilt) outside of high risk areas and integrated into the fabric of the community, easily accessible to the populations they serve by foot or public transit. When possible, such facilities should cluster so as to share space and parking capacity and to provide off-hour community centers. While these characteristics enhance livability for everyone, it is important to note that many individuals with special needs, including individuals who are elderly or who have disabilities, rely on these physical design features to be mobile and achieve independence in the community.

At the building level, reconstruction of governmental facilities and places of public accommodation must comply with the accessibility design standards of the Americans with Disabilities Act. For significant construction and reconstruction, State of Texas law requires the filing of commercial building permits with the state for review by an architect with accessibility expertise. In addition, to ensure early design concepts are compliant, there will be a long term need for making available to communities architectural accessibility expertise to work with local contractors.

Building on the previous two points, accessible structures should ideally be located so as to promote accessibility throughout the community. Thus, newly constructed accessible housing

units, for example, should be located in close proximity to key governmental and community facilities and be tied into the community via accessible forms of transportation.

Long term recovery provides an opportunity to foster universal design of the community. "Universal Design" is a broad, comprehensive "design-for-all" approach to the development of products, architecture, and environments around human diversity. Universal design is part of sustainable community living. Focusing reconstruction on the widest range of people, in the widest range of situations, universal design incorporates the best of living in buildings, neighborhoods, parks, and our own backyards. It also fosters greater community resiliency, as all members of the community are better prepared to contribute to the restoration of key community functions following a future disaster.

To protect against future hurricanes, communities will need to consider strategies for hazard mitigation. Steps for reducing hurricane threats include restoring marshes, planning reconstruction away from vulnerable areas, and elevating structures for flood protection. In addition, innovative building techniques are emerging that use lower cost, streamlined, modular designs with materials that withstand hurricane force winds. Therefore, during the recovery in East Texas, there will be a need for strategies to rebuild residential and municipal structures in a manner that meets hazard mitigation standards while achieving affordability and accessibility objectives.

V. ENGAGING SPECIAL NEEDS POPULATIONS

Recovery in East Texas will take substantial time before those impacted will be able to see their communities as whole. Many residents will be actively involved in this process through direct membership on their local long term community recovery committees, providing input to local and state administrators and/or legislators, or by other means of assuring that their voices are heard. Strong and resilient communities will be rebuilt and reshaped only if the guidance of their members is of central consideration during recovery planning and activities. This concept, known as Community Engagement - the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people³- is a primary and necessary tool for the long term recovery process. It can bring about environmental and behavioral changes that will improve the health of the community, can foster the development and growth of relationships among partners, and can bring about beneficial changes in policies and programs. The voices of community members, when clearly heard, understood, and utilized by decision makers, can be the most powerful guiding force in achieving successful long term recovery

³ Centers for Disease Control and Prevention, Public Health Practice Program Office, Atlanta, GA. Principles of Community Engagement. 1997

The mobilization and engagement of community stakeholders needs to occur in a manner that fosters empowerment. This mobilization must therefore be inclusive of and accessible to all who have a stake in the community's recovery. It is imperative that members of special needs populations and organizations supporting these populations are among the stakeholders engaged in this process. It must be kept in mind that community self-determination is the responsibility and right of all living within a given community. Diversity must be respected and cultural awareness taken into account as outreach occurs to engage a population in rebuilding its community. It is particularly important that individuals with special needs and their support organizations are provided opportunities for (1) receiving recovery information, (2) becoming involved in the recovery process, and (3) accessing available funding to achieve recovery.

A. Sharing Recovery Information

Immediately following a disaster, there are various clearly identified locations at which residents can obtain information – at shelters, at disaster recovery centers, and from volunteer organizations that are involved in the immediate response and short term recovery activities. As time goes on, however, and communities find themselves with basic needs met (power has been restored, water and sewage systems are on line, and residents have access to food, basic health care, and temporary shelter) the task that now lies ahead is that of planning for and carrying out activities to repair and rebuild areas of devastation so that community members will be able to resume their normal lives.

The first step to be taken is getting information to community members regarding planning activities. A strategy needs to be developed and implemented to assure that this information reaches everyone with a stake in recovery. Although newspaper postings, flyers, and typical public service announcements broadcast on television and radio may reach many community members, such a communication strategy may very well leave out individuals who are deaf or hard of hearing, who are blind, who are limited in or cannot speak English, or who live in poverty and do not have access to media that may contain important announcements. To assure that recovery-related information is disseminated in a manner that will reach all members of the community, the following points should be considered:

- Assess and utilize outreach capacities already in place. Locate organizations within the community that have pre-established methods in place to reach their stakeholders and use these organizations to share information about planning activities and meetings. Many non-governmental organizations (NGOs) and faith-based organizations (FBOs) within the community have robust communication networks that can be used to assure that information is widely distributed. Some organizations to be considered:
 - Centers for Independent Living (CILs)
 - Senior Centers and related programs, i.e. Meals on Wheels
 - Protection and Advocacy Agencies (P&A)
 - Developmental Disability organizations

- Child Care Councils
 - Local Mental Health Centers
 - Organizations supporting culturally diverse populations, i.e. Tejano Center for Community Concerns
 - Faith-based organizations, i.e. United Methodists, Catholic Charities
- Assure the availability of translators and alternate language materials. When making public announcement videos, assure that captioning accompanies such announcements or that American Sign Language (ASL) interpreters are used for those who are deaf or hard of hearing. Assure that translation of public messaging is available for those who have limited English proficiency (LEP) or who cannot speak English. Have printed materials available in alternate languages to assure receipt of information by the LEP population.
 - Enlist the assistance of volunteers who are trusted messengers within diverse cultures in the community. In culturally diverse neighborhoods, custom may dictate the means of information sharing to be used such as making announcements at religious gatherings or at neighborhood centers. The enlistment of trusted and respected volunteers from within these communities who can go door to door or who can otherwise be present at neighborhood cultural gatherings to directly share recovery related information will strengthen a community's overall information sharing strategy. Additionally, in low income neighborhoods, the likelihood that residents will have access to a wide array of public information typically broadcast via television or radio may be reduced. Trusted messengers will be able to directly convey recovery information at neighborhood gatherings or other group functions.

A key element of community engagement is the identification and mobilization of community assets. Therefore, the development and implementation of an inclusive information sharing strategy is an essential component in assuring that a wide and diverse array of assets, represented by the individuals who comprise the community, are brought to the long term recovery process.

B. Involvement in the Recovery Process

Once the response phase of a disaster is completed and short term recovery issues have been largely resolved, the work of local long term community recovery committees (LTRCs) begins. The Federal Emergency Management Agency (FEMA) works with community leaders in areas impacted by a disaster to help set up these committees. Once participants are collaboratively identified and suggested first steps are laid out, FEMA transitions coordination responsibility to the LTRC, which embarks on planning for the future. Typically, LTRCs are comprised of representatives from such organizations as the Lions' Club, Masons, Knights of Columbus, American Legion and similar civic organizations in addition to administrators at the local/county level who are instrumental to decision making as recovery moves forward. The

LTRCs' goal is to lead an organized, efficient and effective process of recovery in the aftermath of disaster and to address preparedness and unmet recovery and mitigation needs of individuals and families in their communities.

To successfully meet the goals of long term recovery, the “organized, efficient, and effective process” noted above should include involvement from all stakeholders within the community. From among available long term recovery models, some key concepts for consideration include the concept of “growing smarter” as long term recovery unfolds. Among the principles embodied to do so are the development of “mixed-use, walkable communities coordinated with transportation and infrastructure” and the protection of unique cultures by sustaining places and activities associated with these unique cultures. Direct involvement from community stakeholders towards reaching these ideals can be achieved by considering the following:

- It is essential to invite NGOs and FBOs within the community to be participants on the long term recovery committee. Put simply, these organizations help people get help. The CILs, agencies supporting the elderly, child care providers as well as church-affiliated groups within the community can provide valuable insights and resources towards achieving successful recovery. It is typically the NGOs and FBOs who are instrumental in providing assistance during the recovery phase of the disaster and these same organizations can often provide volunteers during the long term recovery process to aid in rebuilding a community.
- Consider the use of surveys and interviews involving impacted community members to obtain first hand information regarding unmet needs and suggestions for meeting these needs.
- Consider holding stakeholder workshops in various locations throughout the impacted areas to receive first hand input regarding priority issues for recovery from the neighborhoods that make up the community.
- Consider polling community members using direct community outreach, public broadcasting efforts, or other multi-media ads that will reach deep into the community.

The importance of gaining full public involvement in the long term recovery process cannot be overstated. Economic, environmental, and social aspects of a recovered community will best be determined through the input and guidance of its stakeholders. The patterns of growth resulting from this input directly influence the resilience of a community. Therefore, inclusive community engagement not only benefits individual stakeholders but also contributes to the sustainability of the entire community.

C. Funding to Support Long Term Recovery

The state of Texas will be closely exploring any and all possibilities for funding from federal, state, and local sources as the long term recovery process proceeds. It is of vital importance that strategies for obtaining funding for overall community recovery include consideration of

funding for organizations that support special needs populations. It is important to consider all available sources of loans, grants, and any other in-kind service or support that will enable organizations supporting individuals with special needs to recover and to restore the crucial services that were provided prior to the disaster. Potential sources for consideration:

- The Small Business Administration (SBA) serves as the federal government's primary source of money for the long-term rebuilding of disaster-damaged private property. Among those that can receive SBA assistance are non-profit organizations, many of whom support individuals with disabilities, the elderly, and other members of the community in need of support to maintain independence.
- Explore available funding opportunities specifically targeted for recovery in the Gulf Coast Region such as :
 - The Coastal Storms Program Community Risk and Resiliency sponsored by the Mississippi-Alabama Sea Grant Consortium
 - Funding available from the American Red Cross, the United Way, the Salvation Army or the Texas Disaster Relief Fund, established by Texas Governor Rick Perry; these organizations were provided with donations from Exxon Mobil to assist in disaster relief efforts.
 - The Local Initiatives Support Corporation (LISC) for rebuilding efforts in communities affected by Hurricane Ike., which received \$700,000 from the Home Depot
 - Wal-Mart's \$2.5 million commitment to assist with relief efforts via a combination of both cash and merchandise donations
 - The McCormick Foundation, which has launched the Hurricane Ike Disaster Relief Campaign in support of nonprofit organizations providing disaster relief and recovery services to those affected by the hurricane battering Texas.
- Monitor the status of the Gulf Coast Civic Works Act, HR4048, which includes a number of provisions that would enable non-profit business owners, among others, to receive monetary assistance to move them towards full recovery.
- Consider encouraging local long term recovery committees to submit applications to obtain grants from national faith based relief organizations, i.e. Catholic Charities, United Methodist Committee on Relief.

As the community seeks resources to aid in recovery, it is essential to be as creative as possible in assuring that these activities include exploration of funding to restore the services provided by NGOs and FBOs. It is also important to reach out to the network of these organizations which often have access to donated resources such as volunteers and supplies for rebuilding. Additionally, these same organizations may be able to provide other donated supports such as case management and human services that aid individuals with special needs during community recovery.

APPENDIX A: Assessment Methodology

In accordance with the NRF ESF 14 Long Term Community Recovery Annex, FEMA requested the DHS Office for Civil Rights and Civil Liberties (CRCL) to provide expertise on issues related to special needs populations to ensure that they are an integral part of the recovery process.

DHS/CRCL, working in coordination with an array of partners, has developed a written assessment of considerations related to restoration of government and non-government support services on which special needs populations rely. The assessment profiles the special needs populations within the impacted jurisdictions, highlights Hurricane Ike's long term impacts on the safety, health, and wellbeing of individuals with special needs, and offers points for consideration for governments and other stakeholders working to restore accessible and sustainable community infrastructure, human health, and social services. Following this assessment process, DHS/CRCL is offering its assistance to state, local, and nongovernmental partners as needed to identify policy issues and resource gaps needing agency coordination and resolution.

The overarching objective of this assessment is to:

- Facilitate a long-term recovery process that results in more resilient, accessible, supportive, and inclusive communities.
- Leverage the rebuilding and recovery process to improve disaster preparedness for special needs populations.

The assessment demonstrates that effective recovery enables the community to be accessible, supportive, inclusive, and resilient.

DHS/CRCL conducted the following activities to produce this assessment:

- Establish relationships with key stakeholders.
- Solicit interagency recovery expertise to provide strategic guidance on community recovery challenges facing special needs populations.
- Conduct discussion and data exchange with the following:
 - Federal partners: ESF 14, ESF 6, ESF 8, FEMA Disability Coordinator, FEMA Office of Equal Rights, FEMA Individual Assistance, FEMA Public Assistance, Community Relations, VALs, Housing Task Force, Federal Partners in the Interagency Coordinating Council on Emergency Preparedness and Individuals with Disabilities.
 - State and Local Government representatives and agencies.

- Nongovernmental Organizations: Protection and Advocacy agencies, centers for independent living, Area Agencies on the Aging, Faith Based and community based organizations, and other service and advocacy organizations representing special needs populations.
- Identify long term recovery issues for special needs populations, including those that fall between existing mandates of agencies.
- Identify programs and activities across the public, private, and non-profit sectors that similarly support community recovery and promote coordination between them.
- Assist the federal government, NGO, and business sector avoid duplication of assistance and identify policy and program issues that require coordination and resolution.
- Identify the implications of relocating physical infrastructure that supports special needs populations within areas that are prone to hazards.

Appendix B: Demographic Characteristics of Special Needs Populations Within the Hurricane Ike Impact Area

Note: Highlighted rows on each chart indicate counties and cities that received either have the highest levels of damage or have limited resources to support their activity in the response and recovery phases.

HURRICANE IKE SPECIAL NEEDS POPULATION DATA POINTS

POPULATION WITH DISABILITIES*

COUNTY/CITY	TOTAL POP	%W/DISABILITIES	TX	USA
ANGELINA	82,524	19.4 %	15.0 %	17.0 %
AUSTIN	26,407	15.8 %	15.0 %	17.0 %
BRAZORIA	287,898	13.0 %	15.0 %	17.0 %
CHAMBERS	28,779	14.5 %	15.0 %	17.0 %
CHEROKEE	48,513	20.7 %	15.0 %	17.0 %
FORT BEND	493,187	9.5 %	15.0 %	17.0 %
GALVESTON	283,551	15.0 %	15.0 %	17.0 %
City of Galveston	57,523	19.4 %	15.0 %	17.0 %
GRIMES	25,552	17.8 %	15.0 %	17.0 %
HARDIN	51,483	16.9 %	15.0 %	17.0 %
HARRIS	3,886,207	14.7 %	15.0 %	17.0 %
City of Houston	2,144,491	17.0 %	15.0 %	17.0 %
HOUSTON	23,044	18.8 %	15.0 %	17.0 %
JASPER	35,293	21.8 %	15.0 %	17.0 %
JEFFERSON	243,914	19.9 %	15.0 %	17.0 %
City of Beaumont	109,856	20.0 %	15.0 %	17.0 %
City of Port Arthur	55,745	20.0 %	15.0 %	17.0 %
LIBERTY	75,685	17.9 %	15.0 %	17.0 %
MADISON	13,310	17.2 %	15.0 %	17.0 %
MATAGORDA	37,824	18.7 %	15.0 %	17.0 %
MONTGOMERY	398,290	11.9 %	15.0 %	17.0 %
NACOGDOCHES	61,079	17.8 %	15.0 %	17.0 %
NEWTON	14,090	25.0 %	15.0 %	17.0 %
POLK	46,995	19.6 %	15.0 %	17.0 %
ORANGE	84,243	20.7 %	15.0 %	17.0 %
SABINE	10,457	24.8 %	15.0 %	17.0 %
SAN AUGUSTINE	8,888	24.4 %	15.0 %	17.0 %
SAN JACINTO	24,760	21.4 %	15.0 %	17.0 %
TRINITY	14,296	24.4 %	15.0 %	17.0 %
TYLER	20,557	23.7 %	15.0 %	17.0 %
WALKER	63,304	12.8 %	15.0 %	17.0 %
WALLER	35,185	16.8 %	15.0 %	17.0 %
WASHINGTON	31,912	16.9 %	15.0 %	17.0 %

* U.S. Census Bureau, State and County Quick Facts. <http://quickfacts.census.gov/qfd/states/48000.html>

POPULATION OVER 65*

COUNTY/CITY	TOTAL POP	%OVER 65	TX	USA
ANGELINA	82,524	13.4%	9.9%	12.4%
AUSTIN	26,407	14.5%	9.9%	12.4%
BRAZORIA	287,898	8.9 %	9.9%	12.4%
CHAMBERS	28,779	9.1%	9.9%	12.4%
CHEROKEE	48,513	14.3%	9.9%	12.4%
FORT BEND	493,187	6.3%	9.9%	12.4%
GALVESTON	283,551	10.9%	9.9%	12.4%
City of Galveston	57,523	13.7%	9.9%	12.4 %
GRIMES	25,552	13.6%	9.9%	12.4%
HARDIN	51,483	12.3%	9.9%	12.4%
HARRIS	3,886,207	7.7%	9.9%	12.4%
City of Houston	2,144,491	8.4%	9.9 %	12.4 %
HOUSTON	23,044	18.2%	9.9%	12.4%
JASPER	35,293	15.9%	9.9%	12.4%
JEFFERSON	243,914	13.3%	9.9%	12.4%
City of Beaumont	109,856	13.4%	9.9%	12.4%
City of Port Arthur	55,745	15.5%	9.9%	12.4%
LIBERTY	75,685	10.4%	9.9%	12.4%
MADISON	13,310	14.3%	9.9%	12.4%
MATAGORDA	37,824	13.2%	9.9%	12.4%
MONTGOMERY	398,290	9.1%	9.9%	12.4%
NACOGDOCHES	61,079	12.0%	9.9%	12.4%
NEWTON	14,090	14.8%	9.9%	12.4%
ORANGE	84,243	13.9%	9.9%	12.4%
POLK	46,995	20.0%	9.9%	12.4%
SABINE	10,457	24.6%	9.9%	12.4%
SAN AUGUSTINE	8,888	22.1%	9.9%	12.4%
SAN JACINTO	24,760	15.7%	9.9%	12.4%
TRINITY	14,296	22.5%	9.9%	12.4%
TYLER	20,557	18.0%	9.9%	12.4%
WALKER	63,304	9.7%	9.9%	12.4%
WALLER	35,185	9.8%	9.9%	12.4%
WASHINGTON	31,912	17.0%	9.9%	12.4%

* U.S. Census Bureau, State and County Quick Facts. <http://quickfacts.census.gov/qfd/states/48000.html>

POPULATION UNDER 18*

COUNTY/CITY	TOTAL POP	%UNDER 18	TX	USA
ANGELINA	82,524	26.8 %	27.6%	24.6%
AUSTIN	26,407	24.5 %	27.6%	24.6%
BRAZORIA	287,898	27.2 %	27.6%	24.6%
CHAMBERS	28,779	25.0 %	27.6%	24.6%
CHEROKEE	48,513	25.8 %	27.6%	24.6%
FORT BEND	493,187	27.1 %	27.6%	24.6%
GALVESTON	283,551	25.5 %	27.6%	24.6%
City of Galveston	57,523	23.4%	27.6 %	24.6 %
GRIMES	25,552	22.8 %	27.6%	24.6%
HARDIN	51,483	24.8 %	27.6%	24.6%
HARRIS	3,886,207	28.9 %	27.6%	24.6%
City of Houston	2,144,491	27.5%	27.6 %	24.6 %
HOUSTON	23,044	21.2 %	27.6%	24.6%
JASPER	35,293	24.9 %	27.6%	24.6%
JEFFERSON	243,914	25.0 %	27.6%	24.6%
City of Beaumont	109,856	27.1 %	27.6%	24.6%
City of Port Arthur	55,745	28.7 %	27.6%	24.6%
LIBERTY	76,685	25.9 %	27.6%	24.6%
MADISON	13,310	20.6 %	27.6%	24.6%
MATAGORDA	37,824	27.8 %	27.6%	24.6%
MONTGOMERY	398,290	26.4 %	27.6%	24.6%
NACOGDOCHES	61,079	24.4 %	27.6%	24.6%
NEWTON	14,090	22.6 %	27.6%	24.6%
ORANGE	84,243	24.9 %	27.6%	24.6%
POLK	46,995	21.2 %	27.6%	24.6%
SABINE	10,457	20.5 %	27.6%	24.6%
SAN AUGUSTINE	8,888	22.4 %	27.6%	24.6%
SAN JACINTO	24,760	22.7 %	27.6%	24.6%
TRINITY	14,296	21.5 %	27.6%	24.6%
TYLER	20,557	21.4 %	27.6%	24.6%
WALKER	63,304	16.7 %	27.6%	24.6%
WALLER	35,185	25.0 %	27.6%	24.6%
WASHINGTON	31,912	23.1 %	27.6%	24.6%

* U.S. Census Bureau, State and County Quick Facts. <http://quickfacts.census.gov/qfd/states/48000.html>

LANGUAGE OTHER THAN ENGLISH AT HOME (LOEH)*

COUNTY/CITY	TOTAL POP	% LOEH	TX	USA
ANGELINA	82,524	14.1 %	31.2%	17.9%
AUSTIN	26,407	17.1 %	31.2%	17.9%
BRAZORIA	287,898	21.3 %	31.2%	17.9%
CHAMBERS	28,779	11.7 %	31.2%	17.9%
CHEROKEE	48,513	12.9 %	31.2%	17.9%
FORT BEND	493,187	30.7 %	31.2%	17.9%
GALVESTON	283,551	17.2 %	31.2%	17.9%
City of Galveston	57,523	26.5 %	31.2%	17.9 %
GRIMES	25,552	14.1 %	31.2%	17.9%
HARDIN	51,483	3.4 %	31.2%	17.9%
HARRIS	3,886,207	36.2 %	31.2%	17.9%
HOUSTON	23,044	7.5 %	31.2%	17.9%
JASPER	35,293	5.0 %	31.2%	17.9%
JEFFERSON	243,914	13.2 %	31.2%	17.9%
City of Beaumont	109,856	11.0 %	31.2%	17.9%
City of Port Arthur	55,745	11.0 %	31.2%	17.9%
LIBERTY	76,685	12.3 %	31.2%	17.9%
MADISON	13,310	16.2 %	31.2%	17.9%
MATAGORDA	37,824	26.6 %	31.2%	17.9%
MONTGOMERY	398,290	13.8 %	31.2%	17.9%
NACOGDOCHES	61,079	11.6 %	31.2%	17.9%
NEWTON	14,090	3.6 %	31.2%	17.9%
ORANGE	84,243	5.8 %	31.2%	17.9%
POLK	46,995	12.0 %	31.2%	17.9%
SABINE	10,457	3.2 %	31.2%	17.9%
SAN AUGUSTINE	8,888	4.0 %	31.2%	17.9%
SAN JACINTO	24,760	6.4 %	31.2%	17.9%
TRINITY	14,296	5.1 %	31.2%	17.9%
TYLER	20,557	4.7 %	31.2%	17.9%
WALKER	63,304	14.3 %	31.2%	17.9%
WALLER	35,185	18.1 %	31.2%	17.9%
WASHINGTON	31,912	13.0 %	31.2%	17.9%

* U.S. Census Bureau, State and County Quick Facts. <http://quickfacts.census.gov/qfd/states/48000.html>

PLACES OF NATIONAL ORIGIN*

(Most common places of birth for foreign-born residents)

Texas: Number of foreign born residents – 13.9%

Angelina

Number of foreign born residents: 5,561 (6.9%)

- Mexico (84%)
- Canada (1%)
- El Salvador (1%)
- India (2%)
- Germany (1%)
- Other (8%)
- Philippines (2%)
- Korea (1%)

Austin

Number of foreign born residents: 1,720 (7.3%)

- Mexico (84%)
- Germany (2%)
- United Kingdom (1%)
- Cuba (3%)
- Colombia (2%)
- Other (4%)
- El Salvador (2%)
- Other Central America (2%)

Brazoria

Number of foreign born residents: 20,597 (8.5%)

- Mexico (63%)
- El Salvador (2%)
- Canada (2%)
- Vietnam (5%)
- Philippines (2%)
- Other (21%)
- India (3%)
- United Kingdom (2%)

Chambers

Number of foreign born residents: 1,332 (5.1%)

- Mexico (86%)
- Vietnam (1%)
- Canada (1%)
- Philippines (2%)
- Other Western Asia (1%)
- Other (7%)
- Germany (1%)
- Iran (1%)

Cherokee

Number of foreign born residents: 3,675 (7.9%)

- Mexico (90%)
- Venezuela (1%)
- Guatemala (1%)
- United Kingdom (1%)
- Nicaragua (1%)
- Other (4%)
- Germany (1%)
- Other Caribbean (1%)

Fort Bend

Number of foreign born residents: 64,878 (18.3%)

- Mexico (25%)
- Philippines (5%)
- El Salvador (5%)
- India (12%)
- China, excluding Hong Kong and Taiwan (5%)
- Taiwan (4%)
- Vietnam (7%)
- Other (37%)

Galveston

Number of foreign born residents: 20,678 (8.3%)

- Mexico (51%)
- Philippines (3%)
- India (3%)
- Vietnam (6%)
- Canada (3%)
- Other (27%)
- El Salvador (4%)
- United Kingdom (3%)

Grimes

Number of foreign born residents: 1,188 (5.0%)

- Mexico (77%)
- El Salvador (6%)
- Vietnam (2%)
- Venezuela (2%)
- Pakistan (2%)
- Honduras (2%)
- Iran (1%)
- Other (8%)

Hardin

Number of foreign born residents: 604 (1.3%)

- Mexico (29%)
- India (15%)
- United Kingdom (9%)
- Germany (8%)
- Canada (8%)
- Vietnam (3%)
- China, excluding Hong Kong and Taiwan (3%)
- Other (25%)

Harris

Number of foreign born residents: 756,548 (22.2 %)

- Mexico (52%)
- El Salvador (8%)
- Vietnam (6%)
- India (3%)
- Honduras (2%)
- China, excluding Hong Kong and Taiwan (2%)
- Guatemala (2%)
- Other (25%)

Houston County

Number of foreign born residents: 702 (3.0%)

- Mexico (79%)
- Germany (4%)
- Philippines (3%)
- Malaysia (2%)
- United Kingdom (2%)
- Asia, n.e.c. (2%)
- Canada (1%)
- Other (7%)

Jasper

Number of foreign born residents: 775 (2.2%)

- Mexico (72%)
- Vietnam (6%)
- Germany (4%)
- India (4%)
- Austria (2%)
- Honduras (2%)
- Other Australian and New Zealand Sub-region (2%)
- Other (8%)

Jefferson

Number of foreign born residents: 15,608 (6.2%)

- Mexico (51%)
- Vietnam (15%)
- Philippines (4%)
- India (4%)
- Nicaragua (3%)
- Germany (2%)
- United Kingdom (2%)
- Other (19%)

Liberty

Number of foreign born residents: 3,563 (5.1%)

- Mexico (85%)
- El Salvador (2%)
- Germany (2%)
- Canada (1%)
- Other Northern Africa (1%)
- United Kingdom (1%)
- Panama (1%)
- Other (7%)

Madison

Number of foreign born residents: 619 (4.8%)

- Mexico (85%)
- Philippines (3%)
- Canada (3%)
- Malaysia (2%)
- El Salvador (2%)
- Honduras (2%)
- Peru (2%)
- Other (1%)

Matagorda

Number of foreign born residents: 3,760 (9.9%)

- Mexico (79%)
- Guatemala (1%)
- Germany (1%)
- Vietnam (9%)
- Nicaragua (1%)
- Other (7%)
- Philippines (1%)
- India (1%)

Montgomery

Number of foreign born residents: 25,276 (8.6%)

- Mexico (55%)
- Honduras (3%)
- India (2%)
- United Kingdom (5%)
- Canada (3%)
- Other (26%)
- El Salvador (4%)
- Germany (2%)

Nacogdoches

Number of foreign born residents: 3,680 (6.2%)

- Mexico (79%)
- India (1%)
- China, excluding Hong Kong and Taiwan (1%)
- El Salvador (6%)
- Pakistan (1%)
- Other (9%)
- Philippines (2%)
- United Kingdom (1%)

Newton

Number of foreign born residents: 132 (0.9%)

- Mexico (51%)
- United Kingdom (6%)
- Canada (4%)
- Korea (22%)
- Nigeria (4%)
- Other (1%)
- Germany (8%)
- Panama (4%)

Orange Number of foreign born residents: 1,763 (2.1%)

- Mexico (38%)
- Canada (6%)
- India (3%)
- Vietnam (14%)
- United Kingdom (5%)
- Other (20%)
- Germany (9%)
- Philippines (5%)

Polk

Number of foreign born residents: 1,784 (4.3%)

- Mexico (70%)
- El Salvador (2%)
- United Kingdom (2%)
- Germany (3%)
- Philippines (2%)
- Other (17%)
- Vietnam (2%)
- Canada (2%)

Sabine

Number of foreign born residents: 117 (1.1%)

- Mexico (40%)
- India (6%)
- Philippines (5%)
- Germany (25%)
- China, excluding Hong Kong and Taiwan (5%)
- Canada (4%)
- Other (4%)
- United Kingdom (11%)

San Augustine

Number of foreign born residents: 182 (2%)

- Mexico (83%)
- Poland (3%)
- Other (1%)
- Canada (4%)
- Brazil (3%)
- Costa Rica (4%)
- Korea (2%)

San Jacinto

Number of foreign born residents: 557 (2.5%)

- Mexico (54%)
- Germany (4%)
- Japan (3%)
- Vietnam (11%)
- Other Eastern Africa (3%)
- Other (17%)
- Canada (5%)
- Spain (3%)

Trinity

Number of foreign born residents: 368 (2.7%)

- Mexico (58%)
- Japan (6%)
- United Kingdom (3%)
- Germany (9%)
- Argentina (4%)
- Other (10%)
- El Salvador (7%)
- Canada (3%)

Tyler

Number of foreign born residents: 257 (1.2%)

- Mexico (62%)
- Philippines (4%)
- Hungary (3%)
- United Kingdom (11%)
- Other Western Europe (4%)
- Canada (2%)
- Germany (4%)
- Other (10%)

Walker

Number of foreign born residents: 2,756 (4.5%)

- Mexico (63%)
- United Kingdom (2%)
- Canada (1%)
- El Salvador (13%)
- Germany (2%)
- Other (15%)
- Philippines (3%)
- Japan (1%)

Waller

Number of foreign born residents: 3,072 (9.4%)

- Mexico (86%)
- Canada (1%)
- Germany (1%)
- Jamaica (2%)
- Other Eastern Africa (1%)
- Other (7%)
- El Salvador (1%)
- Other Caribbean (1%)

Washington

Number of foreign born residents: 1,642 (5.4%)

- Mexico (54%)
- Philippines (4%)
- Other (17%)
- Vietnam (11%)
- Honduras (3%)
- Bosnia and Herzegovina (3%)
- Canada (6%)
- India (2%)

*Data found at <http://www.city-data.com>

INDIVIDUALS LIVING BELOW POVERTY LINE*

COUNTY/CITY	TOTAL POP	% BELOW POVERTY LINE	TX	USA
ANGELINA	82,524	17.3 %	16.2%	12.7%
AUSTIN	26,407	11.2 %	16.2%	12.7%
BRAZORIA	287,898	10.9 %	16.2%	12.7%
CHAMBERS	28,779	10.7 %	16.2%	12.7%
CHEROKEE	48,513	18.2 %	16.2%	12.7%
FORT BEND	493,187	8.1 %	16.2%	12.7%
GALVESTON	283,551	13.4 %	16.2%	12.7%
City of Galveston	57,523	22.3%	16.2 %	12.7 %
GRIMES	25,552	16.9 %	16.2%	12.7%
HARDIN	51,483	12.7 %	16.2%	12.7%
HARRIS	3,886,207	16.8 %	16.2%	12.7%
HOUSTON	23,044	21.7 %	16.2%	12.7%
JASPER	35,293	18.7 %	16.2%	12.7%
JEFFERSON	243,914	18.7 %	16.2%	12.7%
City of Beaumont			16.2%	12.7%
	109,856	19.6 %		
City of Port Arthur			16.2%	12.7%
	55,745	25.2 %		
LIBERTY	75,685	16.0 %	16.2%	12.7%
MADISON	13,310	20.2 %	16.2%	12.7%
MATAGORDA	37,824	18.3 %	16.2%	12.7%
MONTGOMERY	398,290	10.2 %	16.2%	12.7%
NACOGDOCHES	61,079	20.1 %	16.2%	12.7%
NEWTON	14,090	21.1 %	16.2%	12.7%
ORANGE	84,243	15.0 %	16.2%	12.7%
POLK	46,995	16.5 %	16.2%	12.7%
SABINE	10,457	16.4 %	16.2%	12.7%
SAN AUGUSTINE	8,888	20.2 %	16.2%	12.7%
SAN JACINTO	24,760	17.9 %	16.2%	12.7%
TRINITY	14,296	18.1 %	16.2%	12.7%
TYLER	20,557	18.1 %	16.2%	12.7%
WALKER	63,304	20.9 %	16.2%	12.7%
WALLER	35,185	17.3 %	16.2%	12.7%
WASHINGTON	31,912	13.6 %	16.2%	12.7%

* U.S. Census Bureau, State and County Quick Facts. <http://quickfacts.census.gov/qfd/states/48000.html>

PEOPLE LIVING IN INSTITUTIONALIZED SETTINGS*

COUNTY	Nursing Homes	Schools/ Hospitals for the Mentally Retarded	Group Homes	Half- way Homes	Hospita ls for Chronic ally Ill	Psychia tric Wards	Homes for the Physically Handicapped	Safe Homes
Angelina	647	626	5	17				
Austin	196	13	11					
Brazoria	844	35	11	16	142	5		5
Chambers	116	12						
Cherokee	588	63	4			57		
Fort Bend	683	0	85					15
Galveston	1387	17	56	179	44	20		
Grimes	217	0						
Hardin	323	0				6		
Harris	9564	902	2800	2277	834	738	224	295
Houston	318	0						
Jasper	295	6						
Jefferson	1450	26	161	428	6	19		
Liberty	301	0						
Madison	151	0						
Matagorda	300	18						
Montgomery	778	34	38	53	10		41	5
Nacog-doches	608	88				60	44	
Newton	69	0						
Orange	445	52	12					
Polk	290	0						
Sabine	111	6						
San Augustine	262	0						
San Jacinto	91	0	4					
Trinity	124	0		32				
Tyler	211	0				30		
Walker	249	24	141		6			
Waller	178	174						
Washington	402	485	17			32		
Total Population	21,198	2,581	3,345	3,002	1,042	967	309	320

* Found at Texas State Data Center and Office of the State Demographer. <http://txsdc.utsa.edu/>

SINGLE PARENT HOUSEHOLDS*

U.S. Single Parent Household statistics- 2006

9 percent one-parent families— 10.4 million single-mother families and 2.5 million single-father families.⁴

County	Total Population	Single-Parent Households	Single Parent Households %
ANGELINA	81,557	4,686	(5.7%)
AUSTIN	26,123	1202	(4.6%)
BRAZORIA	278,484	12,528	(4.5%)
CHAMBERS	28,411	1,106	(3.9%)
CHEROKEE	48,464	2,874	(6%)
FORT BEND	493,187	No information available	--
GALVESTON	277,563	16,033	(5.8%)
GRIMES	25,192	1,257	(5%)
HARDIN	50,976	2,511	(.5%)
HARRIS	3,693,050	219,644	(5.9%)
HOUSTON	23,218	1,494	(6.4%)
JASPER	35,587	2,115	(5.9%)
JEFFERSON	247,571	19,203	(7.8%)
LIBERTY	75,141	3,657	(4.9%)
MADISON	13,167	566	(4.3%)
MATAGORDA	37,849	2,630	(6.9%)
MONTGOMERY	378,033	13938	(3.7%)
NACOGDOCHES	61,079	3396	(5.6%)
NEWTON	14,309	847	(5.9%)
ORANGE	84,983	5,443	(6.4%)
POLK	46,640	2,057	(4.4%)
SABINE	10,416	499	(4.8%)
SAN AUGUSTINE	8,907	511	(5.7%)
SAN JACINTO	24,801	1154	(4.7%)
TRINITY	14,363	836	(5.8%)
TYLER	20,617	942	(4.6%)
WALKER	62,735	2766	(4.4%)
WALLER	34,821	1,797	(5.1%)
WASHINGTON	31,521	1,706	(5.4%)

*Found at <http://www.city-data.com>

⁴ U.S. Census Bureau. (2006). "Single-Parent Households Showed Little Variation Since 1994, Census Bureau Reports." http://www.census.gov/Press-Release/www/releases/archives/families_households/009842.html

TRANSPORTATION TO WORK*

County	Drove car alone	Car-pooled	Bus or Trolley	Taxi	Motorcycle	Bicycle	Walked	Other	Worked from home
ANGELINA	26,620 (80%)	5,055 (15%)	20 (0%)	4 (0%)	29 (0%)	20 (0%)	366 (1%)	342 (1%)	822 (2%)
AUSTIN	8,435 (80%)	1,403 (13%)	8 (0%)	1 (0%)	7 (0%)	17 (0%)	170 (2%)	102 (1%)	430 (4%)
BRAZORIA	86,813 (83%)	13,227 (13%)	197 (0%)	40 (0%)	197 (0%)	154 (0%)	1,160 (1%)	780 (1%)	2,264 (2%)
CHAMBERS	9,674 (84%)	1,295 (11%)	0 (0%)	0 (0%)	29 (0%)	37 (0%)	168 (1%)	47 (0%)	209 (2%)
CHEROKEE	13,882 (76%)	3,304 (18%)	46 (0%)	0 (0%)	22 (0%)	16 (0%)	320 (2%)	252 (1%)	529 (3%)
FORT BEND	133,482 (82%)	20,565 (13%)	2,572 (2%)	75 (0%)	158 (0%)	185 (0%)	800 (0%)	1046 (1%)	4,731 (3%)
GALVESTON	88,054 (78%)	15,350 (14%)	1,101 (1%)	297 (0%)	223 (0%)	816 (1%)	2,604 (2%)	1,313 (1%)	2,848 (3%)
GRIMES	6,604 (76%)	1,391 (16%)	15 (0%)	0 (0%)	0 (0%)	14 (0%)	166 (2%)	115 (1%)	417 (5%)
HARDIN	17,181 (85%)	2,187 (11%)	0 (0%)	0 (0%)	36 (0%)	87 (0%)	199 (1%)	252 (1%)	372 (2%)
HARRIS	1,147,906 (76%)	22,853 (15%)	59,695 (4%)	1,541 (0%)	1,766 (0%)	4,800 (0%)	26,747 (2%)	15,090 (1%)	36,195 (2%)
HOUSTON COUNTY	6,024 (77%)	1,237 (16%)	16 (0%)	18 (0%)	2 (0%)	24 (0%)	191 (2%)	67 (1%)	264 (3%)
JASPER	10,396 (80%)	2,066 (16%)	29 (0%)	0 (0%)	5 (0%)	9 (0%)	151 (1%)	139 (1%)	278 (2%)
JEFFERSON	80,219 (82%)	12,034 (12%)	750 (1%)	107 (0%)	162 (0%)	208 (0%)	1,474 (2%)	883 (1%)	1,600 (2%)
LIBERTY	20,396 (78%)	4,254 (16%)	54 (0%)	0 (0%)	14 (0%)	31 (0%)	277 (1%)	383 (1%)	574 (2%)
MADISON	3,029 (74%)	740 (18%)	5 (0%)	0 (0%)	0 (0%)	0 (0%)	91 (2%)	38 (1%)	187 (5%)

County	Drove car alone	Car-pooled	Bus or Trolley	Taxi	Motorcycle	Bicycle	Walked	Other	Worked from home
MATAGORDA	11,060 (75%)	2,855 (19%)	21 (0%)	5 (0%)	38 (0%)	25 (0%)	300 (2%)	192 (1%)	266 (2%)
MONTGOMERY	107,334 (80%)	17,647 (13%)	1,434 (1%)	51 (0%)	205 (0%)	204 (0%)	1,399 (1%)	1475 (1%)	4,369 (3%)
NACOGDOCHES	19,839 (79%)	3,276 (13%)	9 (0%)	31 (0%)	58 (0%)	110 (0%)	803 (3%)	272 (1%)	725 (3%)
NEWTON	3,812 (75%)	935 (18%)	63 (1%)	58 (1%)	0 (0%)	0 (0%)	0 (0%)	101 (2%)	135 (3%)
ORANGE	29,367 (84%)	4,050 (12%)	37 (0%)	5 (0%)	48 (0%)	58 (0%)	349 (1%)	328 (1%)	591 (2%)
POLK	10,293 (76%)	2,268 (17%)	56 (0%)	0 (0%)	19 (0%)	13 (0%)	279 (2%)	244 (2%)	422 (3%)
SABINE	2,406 (76%)	544 (17%)	20 (1%)	0 (0%)	0 (0%)	0 (0%)	73 (2%)	62 (2%)	64 (2%)
SAN AUGUSTINE	2,434 (77%)	478 (15%)	9 (0%)	0 (0%)	0 (0%)	0 (0%)	69 (2%)	90 (3%)	70 (2%)
SAN JACINTO	6,169 (75%)	1,465 (18%)	10 (0%)	0 (0%)	12 (0%)	8 (0%)	92 (1%)	15 (2%)	309 (4%)
TRINITY	3,576 (73%)	934 (19%)	23 (0%)	0 (0%)	6 (0%)	16 (0%)	153 (3%)	67 (1%)	150 (3%)
TYLER	5,074 (76%)	1,189 (18%)	0 (0%)	0 (0%)	0 (0%)	3 (0%)	102 (2%)	110 (2%)	215 (3%)
WALKER	17,313 (79%)	3,378 (15%)	27 (0%)	12 (0%)	46 (0%)	82 (0%)	564 (3%)	178 (1%)	368 (2%)
WALLER	9,916 (74%)	2,257 (17%)	57 (0%)	0 (0%)	36 (0%)	34 (0%)	491 (4%)	147 (1%)	454 (3%)
WASHINGTON	10,474 (79%)	1,834 (14%)	0 (0%)	0 (0%)	4 (0%)	6 (0%)	85 (2%)	88 (1%)	598 (4%)

*Found at <http://www.city-data.com>

HOMELESSNESS*

The data in this section are estimates of how many people experience homelessness in communities across the United States. The report tabulates and summarizes data from 2005.

United States

Homeless Population: 744,313

Chronic: 23% Non-chronic: 77%

Sheltered: 56% Unsheltered: 44%

Individuals: 59% Persons in Families: 41%

Texas Homeless Population

Total State Population: **22,859,968**

Total homeless population: **43,630 (.19%)**

Texas Cities and Counties	Sheltered	Unsheltered	Total Homeless	Percent Individual	Percent Persons in Families with Children
Austin/Travis County CoC	116	726	1,892	72.09	27.91
Houston/Harris County CoC	5,422	6,583	12,005	75.04	24.96
Montgomery County CoC	125	101	226	30.53	69.47
Beaumont/Port Arthur/South East Texas CoC	559	4,760	5,319	70.37	29.63
Galveston/Gulf Coast CoC	215	68	283	67.49	32.51

* Information found on National Alliance to End Homelessness at <http://www.endhomelessness.org/>.

HOUSING DATABASE BY COUNTY WITH LOW MEDIAN INCOME (LMI) – 10-13-08

	Destroyed												
County	Owners	Renters	County Total	Total Owner Occupied Units*	% damaged	Total Renter Occupied Units*	% damaged	Total Housing Units	% Total Units Vacant pre-storm	Data Source	% units owners	% units rental	County LMI %
Angelina	2	2	4	20937	0.036538	9742	0.026175	33919	9.6	2006 AHS	0.617265	0.287214	40.58
Austin			0	8747	0.001601	1818	0.00385	10205	14.3	2000 Census	0.857129	0.178148	40.46
Brazoria	53	18	71	72813	0.078612	24283	0.084586	109624	11.4	2006 AHS	0.664207	0.221512	40.85
Chambers	182	106	288	7641	0.332679	1498	0.544726	10336	11.6	2000 Census	0.739261	0.14493	37.42
Cherokee	5		5	12291	0.014726	4360	0.007569	19173	13.2	2000 Census	0.641058	0.227403	43.86
Fort Bend	5	2	7	108324	0.036889	22867	0.07771	140555	6.7	2006 AHS	0.770688	0.162691	27
Galveston	728	487	1215	72235	0.18887	32666	0.316353	128473	18.3	2006 AHS	0.562258	0.254264	42.17
Gregg		1		27989	0.000357	16077	0.000311	48084	11.6	2006 AHS	0.582086	0.334352	40.3
Grimes	6		6	6027	0.038162	1726	0.046929	9490	18.3	2000 Census	0.63509	0.181876	41.14
Hardin	28	14	42	14717	0.186927	3088	0.296632	19836	10.2	2000 Census	0.741934	0.155677	39.03
Harris	153	157	310	776271	0.056001	554904	0.064872	1495024	11	2006 AHS	0.519236	0.371167	45.3
Harrison		1		17817	0.000617	5270	0.000759	26271	12.1	2000 Census	0.6782	0.200601	23.4
Houston	1	1	2	6285	0.028799	1974	0.056231	10730	23	2000 Census	0.585741	0.18397	43.5
Jasper	6	1	7	10848	0.099189	2602	0.138355	16576	18.9	2000 Census	0.65444	0.156974	40.11
Jefferson	89	61	150	58333	0.197418	32341	0.256702	103991	11.6	2006 AHS	0.560943	0.310998	43.26
Liberty	75	26	101	18521	0.210572	4464	0.289203	28074	18.1	2006 AHS	0.659721	0.159008	48.46
Madison			0	3010	0.023256	901	0.032186	4797	18.4	2000 Census	0.627476	0.187826	41.56
Matagorda	1	1	2	9282	0.009804	4619	0.006928	18611	25.3	2000 Census	0.498737	0.248187	42.9
Montgomery	53	22	75	102880	0.038326	31376	0.044971	147766	9.1	2006 AHS	0.696236	0.212336	35.64
Nacogdoches	3		3	13548	0.023841	8458	0.016552	25051	12.2	2000 Census	0.540817	0.337631	44.67
Newton	3	1	4	4718	0.103858	865	0.158382	7331	23.8	2000 Census	0.643568	0.117992	44.75
Orange	47	26	73	26231	0.270863	6642	0.48916	35667	7.8	2006 AHS	0.735442	0.186223	39.57
Polk	25	11	36	12354	0.112028	2765	0.151899	21177	28.6	2000 Census	0.583369	0.130566	40.22
Rusk	1			13872	0.001153	3492	0.001718	19867	12.6	2000 Census	0.698243	0.175769	16.5
Sabine	1		1	3866	0.020176	619	0.042003	7659	41.4	2000 Census	0.504766	0.08082	43.94
San Augustine			0	2911	0.007214	664	0.012048	5356	33.3	2000 Census	0.543503	0.123973	44.09
San Jacinto	7	3	10	7591	0.124094	1060	0.25283	11520	24.9	2000 Census	0.658941	0.092014	55.25
Shelby				7509	0.001065	2806	0.001069	11955	19.7	2000 Census	0.628105	0.234714	10

HOUSING DATABASE BY COUNTY WITH LOW MEDIAN INCOME (LMI) – 10-13-08

	Destroyed												
County	Owners	Renters	County Total	Total Owner Occupied Units*	% damaged	Total Renter Occupied Units*	% damaged	Total Housing Units	% Total Units Vacant pre-storm	Data Source	% units owners	% units rental	County LMI %
Smith				49378	0.000304	19606	0.000204	76587	9.8	2006 AHS	0.644731	0.255996	65.4
Trinity	1	1	2	4622	0.059065	1101	0.072661	8141	29.7	2000 Census	0.567744	0.135241	44.8
Tyler	6	2	8	6539	0.120967	1236	0.197411	10419	25.4	2000 Census	0.627603	0.118629	42.06
Walker	6	2	8	10952	0.048667	7351	0.035777	21099	13.3	2000 Census	0.519077	0.348405	44.71
Waller	1	2	3	7650	0.013333	2907	0.0086	11955	11.7	2000 Census	0.6399	0.243162	47.89
Washington			0	8327	0.002882	2995	0.002671	13241	14.5	2006 AHS	0.62888	0.226191	39.82
	1488	948	2436	1535036	0.069198	819143	0.083864	2668560					

Appendix C: State and Local Nongovernmental Organizations Associated with Special Needs Populations

The Following is a resource list of state and local level nongovernmental organizations representing special needs populations who may be a resource during planning for long term recovery.

DISABILITY

Area	Organization	Function	Contact Info	Email
State-wide	Texas Association of Centers for Independent Living (TACIL, Inc.)	Promoting dignity, equality, inclusion and independence of all Texans with disabilities	4902 34th Street, Suite 5 Lubbock, TX 79410 (806) 795-5433	wilmacrain@yahoo.com
State-wide	Texas State Independent Living Council	Develop the State Plan for Independent Living, a detailed three-year plan that sets the parameters and establishes the goals for the provision of independent living services in Texas	P. O. Box 9879 Austin, Texas 78766 Voice/TTY: 512-371-7353	texsilc@texas.net
State-wide	Advocacy, Inc. Texas Protection and Advocacy Agency	Support people with disabilities through individual casework (including litigation); class action litigation; technical assistance to private attorneys representing individuals with disabilities; development and dissemination of materials on a variety of community integration issues; training for individuals, family members, advocates and professionals in the field; collaboration with individuals and organizations with expertise on community living and person directed services; and advocacy for public policies and funding that support quality community living opportunities and experiences for individuals of all ages and across all disabilities.	Mary S. Faithfull Executive Director 7800 Shoal Creek Blvd., Suite 171-E Austin, TX 78757 mfaithfull@advocacyinc.org Phone: (512) 454-4816 TDD: (512) 454-4816 Intake: (800) 315-3876 Toll Free: (800) 252-9108 FAX: (512) 323-0902	E-Mail: infoai@advocacyinc.org Web Page: http://www.advocacyinc.org

Area	Organization	Function	Contact Info	Email
State-wide	Centers for Independent Living	Consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.	Coastal Bend CIL Judy Telge, Director 1537 Seventh St. Corpus Christi, TX 78404 (361)883-8461 Toll-free: 1-877-988-1999 San Antonio Independent Living Services Kitty Brietzke, Executive Director 1028 South Alamo San Antonio, TX 78210 (210)281-1878 V/TTY (210)281-1759 FAX	judytelge@accessiblecommunities.org kbrietzke@sails2000.org
State-wide	The Arc of TX	Advocating and providing support for persons with mentally handicaps	Mike Bright, Executive Director 1600 W 38th St, #200 Austin, TX 78731 (512) 454-6694; (800) 252-9729	www.thearcoftexas.org/
State wide	The Institute for Rehabilitation and Research (TIIR)	University of Texas at Houston Senior Vice President, Director, ILRU www.ilru.org Professor of Rehabilitation Professor of Community Medicine Baylor College of Medicine www.bcm.edu	Lex Frieden Professor of Health Informatics Professor of Rehabilitation www.shis.uth.tmc.edu 2323 South Shepherd Houston, TX 77019 (713) 520-0232 x124 (713) 520-5785 Fax	mailto:lexfrieden@bcm.edu www.lexfrieden.com
Gulf coast	Texas Disability Program Navigator	Disability Navigators work within their workforce areas to build the capacity of the workforce system to more effectively serve people with disabilities, strengthen collaborative	Claudia Magallan Phone: 713-692-7755 ext. 1384 Workforce Solutions - Gulf	claudia.magallan@wrksolutions.com

Area	Organization	Function	Contact Info	Email
		relationships with entities within their communities that provide services to people with disabilities, increase employer knowledge and awareness of workforce services, reasonable accommodations and requirements, and available resources.	Coast 415 W. Little York Road, Suite A Houston, TX 77076	http://www.twc.state.tx.us/boards/disnav.html
Beaumont	Resource, Information, Support & Empowerment (RISE)	Center for Independent Living	Cheryl Bass 755 South 11th Street, Suite 101 Beaumont, TX 77701 (409) 832-2599 TTY: (409) 832-2599 FAX: (409) 838-4499	cherylbass@risecil.org
Houston	Coalition for Barrier Free Living/Houston CIL		Sandra Bookman 6201 Bonhomme Road, Suite 150 S Houston, TX 77036 (713) 974-4621 TTY: (713) 974-4621 FAX: (713) 974-6927	EMAIL: hcil@neosoft.com
Tyler	<u>East Texas CIL</u>		Sarah Wilson 4713 Troup Highway Tyler, TX 75703 (903) 581-7542 or (866) 567-8918 TTY: (866) 246-6424 FAX: (903) 581-8289	EMAIL: etcil@etcil.org
Austin	<u>Austin Resource CIL</u>		Ronald Rocha 825 East Rundberg Lane, Suite E6 Austin, TX 78753 (512) 832-6349 TTY: (512) 832-6349 FAX: (512) 832-1869	EMAIL: arcil@arcil.com

AGING/ELDERLY

Area	Organization	Function	Contact Info	EMail
Hardin, Jefferson, and Orange	Area Agency on Aging of Southeast Texas	An advocate for issues, services and concerns to older Southeast Texans, AAASET provides subcontracted services such as congregate and home-delivered meals and transportation through community subcontractors	1-800-395-5465	http://www.setaaa.org/
Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler	Deep East Texas Area Agency for the Aging	Advocates, case management, legal assistance	210 Premier Dr. Jasper, TX 75951 409.384.5704 1.800.256.6848	http://www.detcog.org/273590.ihtml
Houston and Southeast TX	Alzheimer's Association – Houston and Southeast Texas Chapter	To eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health	Beaumont Regional Office 700 North Street, Suite M Beaumont, TX 77701 409.833.1613 Houston & Southeast Texas 2242 West Holcombe Blvd. Houston, TX 77030-2008 713.266.6400	http://www.alz.org/texas/index.asp
Galveston County	Galveston County Senior Citizens Program	Recreation, meals, transportation, legal services. At 7 locations.	Administrative Office 2201 Avenue L Galveston, Tx 77550 409-766-2444	http://www.co.galveston.tx.us/senior_citizens
Beaumont	Best Years Senior Center		780 South Fourth Street (409) 838-1902 Fax: (409) 839-4863	Beaumont
State-wide	Sheltering Arms	Committed to the health and well-being of older adults and their family caregivers. Its comprehensive services help older adults live safely and independently in their own homes.	Jane Bavineau, Executive Director 3838 Aberdeen Way Houston, Texas 77025 713-956-1888	jbavineau@shelteringarms.org

CHILDREN/FAMILY/TEENS

Area	Organization	Function	Contact Info	EEmail
Galveston	Family Service Center of Galveston	Counseling, education, and related social services Also an office in Texas City and Liberty-Chambers County	2200 Market Street, Suite 600, Galveston, TX 77550 Phone: (409) 762-8636 Fax: (409) 762-4185	centero@fscgal.org http://www.fsc-galveston.org/
Houston region	Arrow Child & Family Ministries	Foster care, adoption, special education, residential care, summer camp	National Headquarters- 2929 FM 2920 Spring, Texas 77388 (877) 92.ARROW (281) 210-1500 fax (281) 210-1564	http://www.arrow.org
Galveston, Brazoria	The Children's Center, Inc.	Operates shelters and transitional programs for homeless youth, operates a licensed child placement agency, has other youth homes and crisis centers, refugee resettlement	P.O.Box 2600 Galveston, Texas 77553 (409) 765-5212 FAX (409) 765-6094	
State-wide	Save the Children	Save the Children responds to emergencies around the world that put at risk the survival, protection, and well-being of significant numbers of children. We are on the ground delivering assistance very quickly, often with local staff in advance of a disaster, and we stay on the scene long afterwards.	Jeanne-Aimee De Marrais 203-919-2219 Kathleen Whalen 228-249-7703	jdemarrais@savechildren.org kwhalen@saveshildren.org

CULTURALLY DIVERSE POPULATIONS

Area	Organization	Function	Contact Info	E-Mail
Southeast TX	Catholic Charities Immigration Services	Immigration services	2780 Eastex Freeway Beaumont, Texas 77703 (409) 835-7118 Fax: (409) 832-0145 Director: Alma Garza-Cruz Ext. 4413	http://www.catholiccharitiesbmt.org
Statewide	Texas Interagency Interfaith Disaster Response	TIDR seeks to bring coordination and cooperation in relief efforts following a disaster with an eye for long- term recovery. Working with agencies, local governments, nonprofits and faith-based groups, TIDR seeks to match need with resources during the immediate crisis and continues to respond throughout the process of recovery.	3507 E. 12th St. Austin, TX 78721 (512) 458-8848	http://www.tidr.org
State-wide	Boat People SOS	Boat People SOS (BPSOS) is a national nonprofit, community-based organization whose mission is to assist Vietnamese refugees and immigrants in their search for a life with liberty and dignity. Through its 14 branch offices across America, BPSOS provides a web of services to support individuals, families, and communities.	11205 Bellaire Boulevard Suite B22 Houston, TX 77072 Phone: (281) 530-6888 Fax: (281) 530-6838 Daniel "Đạt" Stoecker Chief Operating Officer Boat People SOS, Inc. (281) 530-6888 Houston, TX (703) 538.2190 ext 247 Falls Church, VA website: www.bpsos.org online media: www.machsongs.org/english/ blog: http://vietnameseworkersabroad.wordpress.com/	houston@bpsos.org
Statewide	Texas Conference of the United		Juanita Jackson, ELCC	jjackson@central.uh.edu

Area	Organization	Function	Contact Info	EMail
	Methodist Church – Committee on Ethnic Local Church Concerns		Committee Chair 3014 Hutchins Houston, Texas 77004 713-523-6392	http://www.txcumc.org/page.asp?PKValue=305
Houston area	Interfaith Ministries of Greater Houston	Meals on wheels, help for refugees with housing, English instruction	3217 Montrose Boulevard Houston, TX 77006 713-533-4900	http://imgh.org

MENTAL HEALTH AND COUNSELING

Area	Organization	Function	Contact Info	Email
Statewide	National Alliance on Mental Health – Texas chapter	Improve the lives of all persons affected by serious mental illness by providing support, education and advocacy through a grassroots network. 45 affiliates in TX	NAMI Texas Fountain Park Plaza III 2800 S. I-35, Suite 140 Austin, TX 78704 (512) 693-2000 1-800-633-3760 Fax: (512) 693-8000	http://www.namitexas.org/
Southeast Texas	Mental Health America of Southeast Texas	Pomote mental health, prevent mental disorders, and improve the care and treatment of people with mental illnesses through education and advocacy	Jayne Bordelon, Executive Director 505 Orleans St., Suite 301, Beaumont, Texas 77701 409-833-9657 Office 409-833-3522 Fax	mhajc@earthlink.net http://www.mhatexas.org
Southeast Texas	Planned Living Assistance Network of Southeast Texas	Help with housing for mentally ill	350 N 37th St, Orange, TX 77630-4245, United States (409) 886-1756	n/a
Statewide	Texas Mental Health Consumers Association	The mission of Texas Mental Health Consumers is to organize, encourage, and educate mental health consumers in Texas	608 Morrow Street, Suite 103 Austin, TX 78752 512-451-3191 v 800-860-6057	
Houston area	Bay Area Council on Drugs and Alcohol	Counseling services, crisis intervention Offices also in Angleton, Bay City, Galveston and Pearland	1300A Bay Area Boulevard, Suite 102 Houston, TX 77058 281-212-2900 1-800-510-3111 281-212-2901 Fax	http://www.bacoda.com
Galveston	Gulf Coast Center	Mental health, mental retardation, substance use recovery	409-763-2373, 281-488-2839	http://www.gcmhmr.com/
Beaumont	Adams House Adolescent Program	Substance abuse treatment services	South East Texas Management Network 1970 Franklin Street Beaumont TX 77701 (409) 833-6184	
Southeast TX	Spindletop MHMR Services	Spindletop MMR Services is a community mental health and mental retardation	1-800-317-5809 (Main Daytime)	http://www.spindletopmhm.org/MHMR_AboutUs.html

Area	Organization	Function	Contact Info	Email
		<p>center located in Southeast Texas. It provides a variety of behavioral health care services to people with mental illness, mental retardation, developmental delays and chemical dependency.</p> <p>Currently there are 40 community mental health and mental retardation centers in Texas. The center provides services in Jefferson, Orange, Hardin and Chambers counties and serves approximately 8,000 consumers a year.</p>		

CLINICS AND HEALTH SERVICES

Area	Organization	Function	Contact Info	Email
Galveston	Galveston County Coordinated Community Clinics	Maintains seven service sites and provides services such as pharmacy, laboratory, radiology, social services, family planning, HIV/AIDS testing and counseling, health education, nutrition counseling, transportation assistance, and immunizations	PO Box 939 1207 Oak Street La Marque, TX 77568 (409) 938-2401 phone (409) 938-2243 fax	
Jefferson County	Gulf Coast Health Center	Satellites are located in Newton, Orange, Silsbee and Beaumont. GCHC provides primary care, chronic disease management, women's health, well baby checkups, radiology, laboratory and pharmacy services	2548 Memorial Blvd. Port Arthur, TX 77640 (877) 983-1161 tollfree (409) 983-1161	
Baytown	Baytown Health Center		1602 Garth Road Baytown, TX 77520 281-427-6757	
Galveston	St. Vincent's House	Met the real and immediate needs of our clients for food, shelter, healthcare and childcare	2817 Post Office Street Galveston, Texas 77550 (409) 763-8521	Stvhope@swbell.net
Liberty County	Health Center of Southeast Texas		207 E. Crockett Cleveland, TX 77327 281-592-2224	
Pasadena	Pasadena Health Center	Addressing needs of indigent and underserved patients of the community	908 Southmore Suite 100 (Medical) Suite 180 (Dental) Pasadena, TX 77502 (713) 554-1091 phone	

FINANCIAL ASSISTANCE/EMPLOYMENT

Area	Organization	Function	Contact	Email
Statewide	Salvation Army - Texas	Provides food pantries, soup kitchens, homeless shelters, emergency rent and utility assistance, substance abuse treatment, clothing and household goods, job counseling and training, youth programs, senior citizen's programs, and Christmas assistance	P.O. Box 36607 Dallas, Texas 75235 214-956- 6000	http://www.salvationarmytexas.org/
Harris Waller Montgomery Galveston Fort Bend Brazoria	Literacy Advance of Houston	Offers 4 primary programs: Adult Basic Education (ABE), English as a Second Language (ESL), Family Literacy, and While You're Waiting at 13 locations	2424 Wilcrest, Suite 120 Houston, TX 77042 (713) 266-8777	info@literacyadvance.org
Houston/Galveston area	Workforce Solutions	Job search services, financial aid and guidance on educational advancement and child care	P.O. Box 22777 Houston, TX 77227-2777 713-627-3200	http://www.wrksolutions.com
Beaumont	Workforce Solutions Southeast Texas – Beaumont Career Center	Employment planning, reading/math, resume help (Branches throughout SE TX listed separately)	1.877.834.JOBS	http://www.setworks.org/bmtcenter.aspx
Orange County	Orange County Association for Retarded Children	Vocational training for mentally challenged adults	409-886-1363	http://www.ocarc.com/
Pearland	Adult Literacy Center, Inc.	Volunteer-based literacy provider in the Pearland area. provide FREE instruction to adults who have difficulty functioning effectively in the community due to poor English speaking, reading, or writing skills	2246 N. Washington Avenue Pearland, Texas 77581-4040 Ph: (281) 485-1000 Fax: (281) 485-3473	linktoliteracy@sbcglobal.net http://www.adultreadingcenter.org

HOUSING

Area	Organization	Function	Contact Info	E-mail
State-wide	Texas Homeless Network	Provides information services to direct service providers and individual members	Executive Director, Ken Martin 512.687.5101	ken@thn.org http://www.thn.org
State-wide	Texas Association of Community Action Agencies, Inc.	Private nonprofit corporation created to provide a unified voice for Community Action Agencies in advocacy, policy, programmatic and legislative issues and innovative hunger relief programs affecting families and communities in the State of Texas.	512/462-2555 Fax: 512/462-2004 2512 I.H. 35 South, Suite 100, Austin, Texas 78704-5772	tacaa@tacaa.org
Houston	Houston Habitat for Humanity	Houston Habitat for Humanity works by faith to change lives and empower families by building homes in partnership with God and people from all walks of life.	3750 North McCarty Street Houston, Texas 77029 (713) 671-9993 Fax: (713) 671-9295	info@HoustonHabitat.org

LEGAL ASSISTANCE

Area	Organization	Function	Contact Info	Email
Southeast Texas	Southeast Texas Legal Clinic	Provides services for clients who are elderly or have HIV/AIDS.	3400 Montrose St. Suite 233 Houston, TX 77006 713-523-7852	
Galveston/Houston archdiocese	Catholic Charities - St. Frances Cabrini Center for Immigrant Legal Assistance	Providing high-quality legal services to individuals who would otherwise not be able to obtain legal representation	713.526.4611	http://www.catholiccharities.org
Beaumont	Lone Star Legal Aid	Free legal aid for low-income persons (other branches as well)	2345 IH-10 East Suite 3 Beaumont, Texas 77704-2552 (409) 835-4971 (800) 365-1861 Fax: (409) 835-5783	
Galveston	Lone Star Legal Aid		306 22nd Street Suite 202 Galveston, Texas 77550 (409) 763-0381 (800) 551-3712 Fax: (409) 762-5739	
Houston area	Houston Volunteer Lawyers Program	Provide pro bono legal services to low-income men and women of Harris County	712 Main Street, Suite 2700 Houston, Texas 77002 (713) 228-0735 Fax: (713) 228-5826	info@hvlp.org
Houston area	University of Houston Legal Aid Clinic	Provide first-rate pro-bono legal representation to indigent clients and communities in Harris County in the areas of law covered by the particular clinic	713-743-2094	lawclinic@uh.edu http://www.law.uh.edu/clinic/